

2001

Protective Factors of Verbal Aggression

Yuria Morimoto

Eastern Illinois University

This research is a product of the graduate program in [Clinical Psychology](#) at Eastern Illinois University. [Find out more](#) about the program.

Recommended Citation

Morimoto, Yuria, "Protective Factors of Verbal Aggression" (2001). *Masters Theses*. 1577.
<https://thekeep.eiu.edu/theses/1577>

This is brought to you for free and open access by the Student Theses & Publications at The Keep. It has been accepted for inclusion in Masters Theses by an authorized administrator of The Keep. For more information, please contact tabruns@eiu.edu.

THESIS REPRODUCTION CERTIFICATE

TO: Graduate Degree Candidates (who have written formal theses)

SUBJECT: Permission to Reproduce Theses

The University Library is receiving a number of request from other institutions asking permission to reproduce dissertations for inclusion in their library holdings. Although no copyright laws are involved, we feel that professional courtesy demands that permission be obtained from the author before we allow these to be copied.

PLEASE SIGN ONE OF THE FOLLOWING STATEMENTS:

Booth Library of Eastern Illinois University has my permission to lend my thesis to a reputable college or university or the purpose of copying it for inclusion in that institution's library or research holdings.

12/05/7
Date

I respectfully request Booth Library of Eastern Illinois University **NOT** allow my thesis to be reproduced because:

Author's Signature

Date

Protective Factors of Verbal Aggression

BY

Yuria Morimoto

THESIS

SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS
FOR THE DEGREE OF

Master of Arts in Clinical Psychology

IN THE GRADUATE SCHOOL, EASTERN ILLINOIS UNIVERSITY
CHARLESTON, ILLINOIS

2001
YEAR

I HEREBY RECOMMEND THIS THESIS BE ACCEPTED AS FULFILLING
THIS PART OF THE GRADUATE DEGREE CITED ABOVE

12/5/2001
Date

12/5/2001
Date

Header: VERBAL AGGRESSION

Protective Factors of Verbal Aggression

Eastern Illinois University

Yuria Morimoto

Abstract

The present study aimed to examine the negative long-term outcomes of parental verbal aggression in childhood. It also examined the roles of problem-solving coping skills, family cohesion, and a parental emotional bond as moderators of negative psychological outcomes. Sixty-four-male and 169 female university students were recruited from psychology courses and completed a demographic questionnaire, measures of physical maltreatment, psychological maltreatment, family cohesion, parental emotional bonding, and use of coping strategies. Psychological adjustment was assessed by the Beck Depression Inventory, the Rosenberg Self-Esteem Scale, the Aggression Questionnaire, and the Inventory of Interpersonal Problems. Results indicated that individuals reporting greater verbal aggression histories showed higher levels of psychological maladjustment, that is, greater depression, low self-esteem, aggression, and interpersonal sensitivity. However, as expected, it was found that the relationship between verbal aggression and its outcomes was moderated by protective factors. Results of regression analyses indicated that the protective factors, especially family cohesion were better predictors of adult positive adjustment than verbal aggression history. Also, gender differences were found for the above relationships. Women were more likely to be vulnerable to verbal aggression despite the same levels of overall adjustment and protective factors as men. Furthermore, for women maternal emotional bond and family cohesion were consistently important factors in preventing detrimental outcomes; for men, in contrast, paternal emotional bond, coping skills, and family cohesion played an important role in psychological adjustment. Suggestions for future research and treatment implications are also discussed.

Acknowledgements

I would like to appreciate my thesis committee Chair, Dr. Anu Sharma for her constant support, encouragement, and dedication not only on this project, but throughout the past two years. I would also like to thank my thesis committee members, Dr. Christine McCormick and Dr. Linda Leal for their encouragement and assistance. Finally, I wish to thank my family for their support throughout the graduate program.

Table of Contents

Abstract.....	ii
Acknowledgements.....	iii
List of Tables.....	v
List of Appendices.....	vi
Introduction.....	1
Verbal aggression.....	2
Prevalence	2
Consequences of verbal aggression.....	3
Frequency, chronicity, and severity.....	7
Protective factors.....	8
Definition	8
Types of protective factors.....	9
Protective factors of psychological maltreatment.....	11
Present study.....	13
Method.....	15
Subjects	15
Survey questionnaires.....	16
Procedure.....	21
Group definition	22
Results.....	23
Verbal aggression history.....	23
Verbal aggression and adjustment outcomes.....	25
Moderating role of protective factors.....	26
Gender differences.....	28
Discussion.....	31
Incidence of verbal aggression.....	31
Verbal aggression and adjustment outcomes.....	32
The role of protective factors.....	33
Gender effects.....	37
Limitations and suggestions for further research.....	41
Conclusion.....	43
References.....	45

List of Tables

1. Number of subjects experiencing each verbal aggression form.....	55
2. Mean of each verbal aggression form.....	56
3. Correlations between verbal aggression levels and adjustment outcomes.....	57
4. Differences in adjustment outcomes between high and low verbal aggression groups.....	57
5. Correlations between adjustment outcomes and protective factors.....	58
6. Regression analyses of adjustment outcomes on verbal aggression frequency and protective factors.....	58
7. Intercorrelations among protective factors.....	59
8. Mean scores of the high/low protective factor groups.....	59
9. Analysis of variance of outcomes by levels of verbal aggression and protective factors.....	60
10. Gender differences in adjustment outcomes.....	61
11. Correlations between verbal aggression levels and adjustment outcomes in the female sample.....	62
12. Differences in adjustment outcomes between high vs. low verbal aggression in the female sample.	62
13. Correlations between outcomes and protective factors for each gender	63
14. Regression analyses of adjustment outcomes on verbal aggression frequency and protective factors in the male sample.....	64
15. Regression analyses of adjustment outcomes on verbal aggression frequency and protective factors in the female sample.....	64
16. Intercorrelations among protective factors for each gender.....	65

List of Appendices

A. Informed Consent.....	66
B. Debriefing Statement.....	67
C. Demographic Data Sheet.....	68
D1. Conflict Tactics Scale	69
D2. Psychological Maltreatment Scale.....	70
D3. Parental Bonding Inventory.....	71
D4. Family Adaptability and Cohesion Scale II.....	72
D5. Coping Strategy Indicator.....	73
D6. Beck Depression Inventory.	74
D7. Rosenberg Self-Esteem Scale.....	77
D8. Aggression Questionnaire.....	78
D9. Inventory of Interpersonal Problems.....	79

Introduction

Parental verbal aggression may be the most common form of child maltreatment. Ney (1987) proposed that verbal aggression by parents is increasing recently, because parents may believe that verbally punishing is a better means to control their children than physically punishing. It has been found that psychological maltreatment, including verbal aggression, occurs independently and also presents in almost all cases of physical maltreatment (Claussen & Crittenden, 1991). Although some amount of reprimand by parents is tolerable and necessary, repetitive and severe yelling may result in emotional and behavioral problems for the child. Furthermore, verbal abuse is more likely to deteriorate children's view of the world and themselves compared to other types of abuse (Ney, 1987). Childhood psychological maltreatment/ verbal aggression by parents not only impairs psychological functioning of children and adolescents, but it also continues to affect them in adulthood and they may psychologically maltreat the next generation (Romeo, 2000). While verbal aggression is associated with elevated risks of problematic behavior, there is evidence that some children display good outcomes (Farber & Egeland, 1987). This is assumed to be the result of protective factors.

The main purpose of this study was to examine the long-term effects of verbal aggression and the role of protective factors, using a non-clinical population. The first aim of the present study was to identify the protective factors in individual attributes and family attributes, including coping skills, family cohesion, and an emotional bond to at least one of the parents. The second aim was to examine the effects of gender on the consequences of verbal aggression. The third aim was to determine whether some variables, such as frequency of verbal aggression, the protective factors, and gender,

influence adulthood adjustment more than others. I also examined whether these factors have differential effects on different areas of current psychological functioning. In addition, this study aimed to examine whether protective factors function only in the presence of verbal aggression as moderators of risk (interaction), or whether they function directly as positive factors (main effects).

Verbal Aggression

Verbal aggression is one of the patterns of dysfunctional communication that undermines children's development as do threats, unresponsiveness, and active rejection (Hart & Brassard, 1991; McGee & Wolfe, 1991). There is no consensus regarding the definition of verbal aggression, and the ways to measure verbal aggression have varied widely. In general, verbal aggression is considered to be a form of psychological maltreatment (Hart & Brassard; 1990, O'Leary, 1999; Vissing & Baily, 1996) and is defined by the type of negative statements. Examples of verbal aggression are belittling, denigrating, scapegoating, threatening, teasing, sarcasm, blaming, insulting, cursing, and humiliation (Davis, 1996; Hart et al., 1990; Vissing et al., 1996). Vissing, Straus, Gelles, and Harrop (1991) propose that verbal aggression actually has both verbal and nonverbal components and attempted to present a general definition as follows:

A communication intended to cause psychological pain to another person, or communication perceived as having that intent. The communicative act may be active or passive, and verbal or nonverbal. Examples include name calling or nasty remarks (active, verbal), slamming a door or smashing something (active, nonverbal), and stony silence or sulking (passive, nonverbal) (p.224).

Prevalence

As mentioned above, parent-to-child verbal aggression is extremely common. According to Vissing et al. (1991) data from interviews with 3346 parents who had a child 17-years-old or younger showed that almost two-thirds of the parents had engaged in at least one verbally aggressive act during the year covered by the study. Children experienced 12.6 incidents of verbal aggression on average during the year of this study. In the absence of an established standard, three thresholds were computed to produce estimates of the rate and number of verbally abused children (Vissing et al., 1991). If the criterion of incidents of verbal aggression was set at 10 or more times in a year, the rate was 257 per 1000 children (25.7%). If the threshold was set at 25 or more times, the rate was 113 per 1000 children (11.3%). Although the authors assumed that these rates are low estimates because the research was based on parent's reports, they are much greater than those of national data that are limited to cases known to human service professionals. The discrepancy of these rates may depend on the strictness of the verbal aggression definition used by the researchers (Vissing et al., 1996).

Consequences of Verbal Aggression

Verbal aggression and psychological maltreatment are negatively associated with personal growth and personal adjustment (Gracia, 1995). Some studies have found that psychological maltreatment has more impact on child outcomes, including aggression, delinquency, and internalizing problems than other types of abuse (McGee, Wolfe, & Wilson, 1997; Vissing et al., 1991; Wolfe & McGee, 1994). Crittenden, Claussen, and Sugarman (1994) explain that this is because psychological maltreatment reflects the daily recurrent interactions among family members.

Some reviews of previous literature (Vissing et al., 1996; Thompson & Kaplan, 1996) provide the following list of negative effects of verbal aggression : emotional unresponsiveness and instability, depression, attachment disorder, aggression, delinquency, impaired social development, dependency, social difficulties, incompetence, poor self-image, poor self-esteem, dysfunctional coping mechanisms, underachievement, educational failure, impaired physical development, pica, enuresis, encopresis, psychiatric symptoms, multiple personality disorder, substance abuse, and so on. However, negative outcomes proven by empirical research are more limited. Outcomes that have been consistently identified in studies with children and adolescents are the following: 1) insecure attachment (Erickson & Egeland, 1987; Farber et al., 1987); 2) social adjustment and interpersonal problems (e.g., aggressive, uninvolved, withdrawn) (Vissing et al., 1991); 3) behavior problems (e.g., delinquency, oppositional behaviors, temper tantrums) (Cicchetti & Carlson, 1989; Gracia, 1995; McGee et al., 1997; Miller & Sperry, 1987; Vissing et al., 1991); 4) internalizing problems (Gracia, 1995; McGee et al., 1997); 5) low self-esteem and low self-control (Erickson et al., 1987; Solomon & Serres, 1999); and 6) poor academic achievement (Solomon et al., 1999) .

Long-term effects. Previous research has primarily focused on short-term effects and consequently little is known about the long-term effects of psychological maltreatment. However, verbal abuse has an enduring impact on the victim and can be transmitted from one generation to the next because it degrades the competencies required for the most basic development of children (McGee et al., 1991; Ney, 1987).

Rich, Gingerich, and Rosen (1997) collected data from 254 college students and found that students with histories of childhood psychological abuse were more likely to

experience psychological disturbance and clinical distress in adulthood than those who were not abused. Four clinical indicators as measured by the Symptom Checklist 90-Revised (SCL-90-R; Derogatis, 1977) were significantly higher in the students reporting emotional abuse: Obsessive-Compulsiveness, Depression, Anxiety, and the Positive Symptom Distress Index. In another study with university students using the SCL-90-R (Pitzner & Drummond, 1997), the results indicated that psychological/verbal abuse is a powerful predictor of current depression, paranoid ideation, and psychosomatic complaints.

Briere and Runtz (1988) investigated 251 university women using two newly devised scales: the psychological maltreatment scale (PSY) and the physical maltreatment scale (PHY). Current functioning was assessed by the Texas Social Behavior Inventory (TSMI; Spence, et al., 1978), the Hopkins Symptoms Checklist (Derogatis, Lipman, Rickels, Uhlenhuth, & Covi, 1974), and an item regarding suicidal thoughts. Multivariate regression analyses supported that even when the shared effects of other forms of maltreatment were controlled for, paternal psychological maltreatment was uniquely associated with anxiety, depression, interpersonal sensitivity, and dissociation. These regression results do not imply that maternal maltreatment is irrelevant but do indicate that paternal maltreatment appears to have an impact beyond the effects of maternal maltreatment. However, as only female subjects were studied, the conclusion may not generalize with males.

Several studies have consistently suggested low self-esteem as a unique consequence of psychological maltreatment. Briere and Runtz (1990) conducted research with 277 female undergraduates and found that psychological abuse by itself and the combination

of psychological and physical abuse predicted lower self-esteem in young adulthood. These findings are consistent with those of the studies conducted by Gross and Keller (1992) and Mullen, Martin, Anderson, Romans, and Herbston (1996). In another study, 472 women were surveyed to investigate the impact of verbal or physical aggression by father and mother, separately (Downs & Miller, 1998). The researchers found that the father-to-daughter verbal aggression was related to lower self-esteem. In this study, the modified Conflict Tactic Scale was used to assess verbal aggression or physical violence. Clearly, more research on males is necessary.

Contrary to the above studies, Loos and Alexander (1997) examined both female and male college students, and used an average score of maternal and paternal aggression. The result indicated that parental verbal aggression was not significantly and uniquely related to low self-esteem beyond the effects of physical abuse and parental neglect.

Furthermore, verbal aggression has been reported to be a good predictor of anger as rated by Brief and Aggression Questionnaire (Maiuro, Vitaliano, & Cahn, 1987). Loos et al. (1997) investigated each effect of verbal aggression, emotional neglect, physical abuse, and sexual abuse, using the CTS to assess verbal aggression and the PBI to assess emotional neglect. It was found that verbal aggression was a better predictor of anger than other types of maltreatment. Hoglund and Nicholas (1995) also suggested that emotional abuse has the most powerful relationship with both outward anger expressed physically or verbally and covert anger.

In summary, previous studies have identified a variety of short- and long-term consequences of parental psychological maltreatment/verbal aggression. However, there is some evidence that maltreatment does not always result in psychological dysfunction

(Farber et al., 1987). This suggests that problem behavior is not explained or predicted only by parental abusive behaviors, and that other factors also have an influence on child outcomes (Aber & Zigler, 1981; Crittenden et al., 1994; Manly, Cicchetti, & Barnett, 1994).

Frequency, Chronicity, and Severity

The frequency, chronicity, severity, and the timing of child maltreatment are variables that have not received much attention in the verbal aggression literature. However, there is some evidence that these variables are powerful predictors of child outcome. Manly et al. (1994) collected data from children with three types of maltreatment to investigate the impact of maltreatment status, severity of the maltreatment, the frequency of Child Protective Service (CPS) reports, and length of time that the family received services from CPS. The results of multiple regression analyses indicated not only that maltreated children have significantly poorer adaptation than non-maltreated children, but also that the frequency, severity, and chronicity of the maltreatment affect the impact of abuse on the child. These variables were significant predictors of children's functioning whereas maltreatment status alone (maltreatment vs. non-maltreatment) did not contribute significantly to some of the negative outcomes. In the following section, the role of protective factors will be discussed.

Protective Factors

Recently, in the area of child maltreatment, there has been increasing attention paid to the research of factors increasing "resilience," i.e., the process of successful adaptation despite threatening circumstances (Masten, Best, & Garmezzy, 1990). A number of authors have suggested that there are some factors that mediate the impact of child

maltreatment on child development and allow them to better cope with the adversities that they experience (McGee et al., 1991; Hart et al., 1991). Also, despite the risk for intergenerational transmission of abuse, many maltreated children become effective parents, which is an important indication of long-term resilience (Masten et al., 1990). Historically, most of the studies of protective factors have examined the relationships between stressful events, including parents' psychopathology and physical/ sexual abuse and their negative outcomes (Grossman et al., 1992; Werner & Smith, 1982). Few investigations have been conducted examining the role of protective factors for psychological maltreatment.

Definition

There are two views of the definition of protective factors (Luthar, 1993). The first concept is a main effects approach (Aro, 1994). Dekovic (1999, p. 670) defined protective factors as "those personal, social, and institutional resources that foster competence and successful development and, thus, decrease the likelihood of engaging in problem behavior". Those factors are directly associated with positive outcome. The second view is an interactional effects approach (Aro, 1994) that is a more strict definition. Protective factors function as moderators in the presence of risk and increase resilience in children (Aro, 1994; Rutter & Quinton, 1984). In short, these factors buffer the impact of risk factors and situations and modify the relationship between risk and problem behavior (Aro, 1994; Luther, 1993; Rutter, 1987). Finally, Cicchetti and Rizley (1981) defined protective factors of child maltreatment as relatively enduring or permanent conditions or attributes that decrease the risk of maltreatment or its transmission across generations.

Types of Protective Factors

Although researchers have attempted to identify protective factors for different risk factors, using different methodologies and populations, there is some consistency among their findings. Werner (1984, 1990) suggested the primary protective factors operate at three levels: 1) protective factors within the child; 2) protective factors within the family; 3) protective factors outside the family. These are similar to Garmezy's (1987) views that protective factors include the personality dispositions of the child, a supportive family milieu, and an external support system. In support of this, a study by Kurdek (1988) indicated that children's adjustment to divorce was related to children's own competencies (low reactive temperaments, mature understanding of conflict resolution), intra-familial processes (mother's functioning, cooperative parenting), and extra-familial conditions (high social support, high density of support network).

Within the individual. On an individual level, a critical mediator of abuse outcomes is presence of coping skills. Coping skills permit people to deal with life challenges and problems in a constructive manner (Dekovic, 1999). Several studies have observed that particular coping styles may be positively related to childhood adjustment. Radvanovic (1993) reported that great flexibility in coping and cognitive coping strategies, such as positive self-talk, positive social comparison, and selectively focusing on positive aspects, decreased the negative impact of inter-parental verbal/physical aggression. Children's coping styles were assessed based on a semi-structured interview, and children's adjustment was measured by the Child Behavior Checklist (CBCL; Achenbach & Edelbrock, 1983) and the Harter Self-Perception Profile. Use of cognitive coping strategies by school children has also been found to moderate the relationship

between stress and anxiety (Brown, O'Keeffe, Sanders, & Baker, 1986), stress and substance abuse (Wills, 1986), and family conflict and suicidal behavior (Asarnow, Carlson, & Guthrie, 1987).

In addition to coping style, the following variables have consistently been found to be individual protective factors: 1) locus of control (Grossman et al., 1992; Luther, 1991; Sandler & Lakey, 1982); 2) certain temperamental characteristics (e.g., being active, open, socially responsive, alert, good-natured) (Halverson & Waldrop, 1974; Losel & Biesener, 1994; Werner et al., 1982); and 3) high IQ and academic competence (Garmezy, 1987; Garmezy, Masten, & Tellegen, 1984; Masten et al., 1988; Masten, Morison, Pellegrini, & Tellegen, 1990; Pianta, Egeland, & Sroufe, 1990; Werner et al., 1982).

Within the family. The second main protective factor is the quality of the relationship within the family. In a longitudinal study (Werner et al., 1982), familial factors such as family cohesion, warmth, rule setting, and presence of support figures were found to be associated with good outcomes in at risk children.

Wind and Silvern (1994) studied mediators of the long-term effects of childhood sexual and /or physical abuse in a community sample of women. Multiple regression analyses showed that not only a history of child abuse but unsupportive parenting predicted adults' unfavorable adjustment such as depression and low self-esteem. The level of depression and self-esteem among adults who had a history of abuse depended on their perceived support and acceptance by parents. Consistent with these findings, family support was reported to mediate adolescents' delinquency and depression (Licitra-Kleckler et al., 1993).

In an earlier study by Harter, Alexander, and Neimeyer (1988), the impact of sexual

abuse was found to be mediated by family adaptability and cohesion as rated by the Family Adaptability and Cohesion Scale (FACE II; Olson, Porter, & Bell, 1982).

Although having abuse was predictive of poor social adjustment in women, once family characteristics were controlled, the presence of abuse was no longer significantly related to social adjustment. In fact, increased family cohesion was related to improved social adjustment.

Grossman et al. (1992) also investigated family cohesion and communication as protective factors for adaptation in young adolescents at high-risk for depression associated with negative events. The results indicated that these factors independently predicted adolescents' current adaptation, such as deviance, self-esteem, distressed mood, and school grade. The importance of family cohesion has also been supported by other studies of adolescents (Garmezy, 1987; Rubenstein, Heeren, Housman, Rubin, & Stechler, 1989; Werner et al., 1982).

Finally, the presence of one good parent-child relationship serves to mediate the relationship between family discord and a risk of maladaptive behavior. The family illness study conducted by Rutter (1987) found that the one good relationship reduced the risk of conduct disorder among children with family discord. Additionally, the Rochester Child Resilience Project, a multi-year study of "stress-resilient" and "stress-affected" children, identified positive relationships with primary caregivers as a protective factor (Wyman, Cowen, Work, Raoof, Gribble, Parker, & Wannon, 1992). For the school-age period, stress-resilient children had more positive parent-child relationships than stress-affected children.

Protective Factors of Psychological Maltreatment

The specific protective factors of psychological maltreatment and verbal aggression have yet to be identified, and many potential protective factors of psychological maltreatment remain suppositions. Several authors have raised questions as to whether factors that modify outcomes of psychological maltreatment are the same as or different from those of physical maltreatment or other stressors (Cicchetti et al., 1981; Rosenberg, 1987). Potential protective factors suggested in previous literature were the followings: family warmth and cohesion, positive relationship between parents, emotional resiliency, efficacy and competence (Rosenberg, 1987; McGee et al., 1991); intelligence or exceptional talent, exposure to other nurturant adults, social support (McGee et al., 1991); physical health, good parenting, social skill, coping skill, and secure attachment with parents, peers, or siblings (Cicchetti et al., 1981). In addition to these, it is proposed that the age at which these experiences occur (Rosenberg & Germain, 1987) may be a critical variable influencing consequences of psychological maltreatment.

The Minnesota Mother-Child Project, a prospective longitudinal study, examined children and mothers considered at risk for abuse, including verbal abuse. The researchers found that verbally abused children were more anxiously attached and expressed more anger and frustration than nonabused children. However, there were abused children who were competent and securely attached (Farber et al., 1987). In examination of these competent abused children, it was indicated that environmental protective factors were more important than children's individual attributes. Important protective factors identified were: personality features (e.g., alert, cheerful, responsive, independent), prior history of competence, an earlier history of positive mother-child interaction, early history of maternal emotional responsibility, and stability of the family

situation. Moreover, severity and chronicity of abuse were found to affect children's adaptation.

Crittenden et al. (1994) investigated 100 maltreated children (including those who had been emotionally abused) referred by a Child Protection Team (CPT). The researchers assessed parental functioning and child outcomes by using the CDI and the Revised Behavior Problem Checklist (RBPC; Quay & Peterson, 1983). Results indicated that parents' stress and severity of emotional abuse predicted problems of children's adjustment.

Present Study

As mentioned above, previous studies on protective factors suggest that there are several levels of protective factors that can modify the relationship between negative outcome and stressful life events. Despite the detrimental consequences of verbal aggression, the role of protective factors has rarely been studied. Furthermore, most previous studies have combined psychological abuse with other types of maltreatment.

Some researchers have criticized the methodological limitations of the abuse literature (Erickson et al., 1987; Lamphear, 1985). First, not all of the studies employed matched control groups. The effects of environmental stressors, such as socioeconomic status or family structure, confound the effects of maltreatment. Additionally, a number of studies do not separate subtypes of maltreatment. Because one cannot be certain whether their subjects experienced only one form of abuse or multiple forms of abuse, there is difficulty separating out the effects of physical maltreatment from those of psychological maltreatment (Claussen et al., 1991). One way to solve this problem is to distinguish particular forms of psychological aggression from those of physical abuse.

One methodological issue in identifying protective factors is the selection of age-appropriate multiple criteria of competence (Werner, 1990). Previous research on protective factors often investigated only a few outcomes (Herman-Stahl & Petersen, 1996). While some children may react to stress with unsocial behavior, others may seem to adapt appropriately but develop emotional distress (Masten et al., 1990). It is proposed that protective factors should be identified at multiple levels, including individual, family, and environmental factors (Rosenberg 1987).

Furthermore, the relationship between gender of abused child and resilience has not been adequately examined. Several investigations suggest that girls are more resilient than boys during childhood although they were reported to be more vulnerable in adolescence (Crittenden et al., 1994; Masten et al., 1988; Rutter, 1979; Rutter, Cox, Tupling, Berger, & Yule, 1975; Werner et al., 1982). Masten et al. (1988) suggested a possible explanation in that girls may be more social in nature, so that in a stressful situation they are more likely to seek help from a social network and thereby be buffered from negative effects. It is also noteworthy that the negative consequences of stress are different for boys versus girls. Boys are more likely to react to stress through externalizing response such as oppositional and delinquent behaviors, whereas girls are more likely to react with internalizing response such as emotional distress and depression (Licitra-Kleckler et al., 1993; Rutter, 1987).

In consideration of these limitations, the present study aimed to extend previous work by examining protective factors that moderate long-term outcome of parental verbal aggression in a college-age non-clinical population. As verbal aggression is not a matter of all-or-nothing, this study will compare a high verbal aggression group with a low

verbal aggression group instead of using a non-maltreated control group. Both the consequences and possible protective factors would be assessed, including social competence, emotional health, individual variables, and family variables. The study hypotheses were as follows:

- (1) The more parental verbal aggression college students have experienced, the more undesirable outcomes they would have, i.e., lower self-esteem, higher level of depression, aggression, and interpersonal sensitivity.
- (2) Protective factors, including coping skills, family cohesion, and an emotional bond to parents, would serve to modify the relationship between verbal aggression by parents and undesirable outcomes in young adulthood (i.e. act as moderating variables).
- (3) These protective factors, themselves, would predict desirable outcomes.
- (4) There would be differences in depression, self-esteem, aggression, and interpersonal sensitivity between students who showed greater protective factors versus those who showed lower protective factors.
- (5) Gender differences would be found with respect to undesirable outcomes in adulthood and the protective factors.

Methods

Subjects

The data for this research were collected from a non-clinical sample of 233 college students between the ages of 18 and 49. The students were recruited from Eastern Illinois University (introductory psychology courses). Within the sample, 64 were males (27.5%) and 169 were females (72.5%). Subjects were primarily Caucasian ($n=208$; 89.6%) and

freshmen ($n=158$; 67.8%) with the mean age being 18.9. Most of the participants ($n=172$; 73.8%) had intact families with the average number of siblings being 2.2.

In this study, the participants who experienced any incidents of severe physical maltreatment (see Appendix C) were considered to have experienced physical maltreatment, and were excluded from most analyses. Of the 233 initial participants, 51 men (25.9%) and 146 women (74.1%) had never experienced severe parental physical maltreatment. These 197 subjects comprised the final sample from which the effects and protective factors of verbal aggression were examined. The physical maltreatment group consisted of 12 men (36.1%) and 23 women (63.9%). Analyses revealed that both the non-physical and physical maltreatment samples had similar demographic backgrounds. The majority of both the non-physical maltreatment and the physical maltreatment samples were Caucasian (90.4%, 86.1%, respectively) and freshmen (66.5%, 75.0%, respectively). Furthermore, most came from intact families (75.1%, 66.7%, respectively) followed by remarried families (12.2%) in the non-physical maltreatment sample, and by divorced families (16.7%) in the physical maltreatment sample. The groups differed in that the physical maltreatment sample subjects were significantly older ($M = 19.83$, $SD = 5.42$) than the non-physical maltreatment sample ($M = 18.66$, $SD = 1.06$), $t(231) = 2.77$, $p < .01$.

Survey Questionnaires. Demographic Questionnaire. The participants completed a demographic questionnaire, to obtain individual information about subject age, gender, grade, ethnicity, family status (married, separated, divorced, single parent), the number of siblings, and socioeconomic status (see Appendix C).

Conflict Tactics Scale (PSY-1). The participants completed PSY-1 (Straus, 1979,

1997), a widely used 18-item scale (see Appendix D1). The PSY-1 asks about 3 different strategies individuals use to manage interpersonal conflict within the family: Reasoning, Verbal Aggression, and Physical Violence. The Physical Violence subscale was used in this study. The CTS can distinguish the level of physical punishment and physical abuse. Items are classified into the following categories: no violence (no use of physical punishment), minor violence (e.g., pushed, grabbed, or shoved the child), severe violence (e.g., hit or tried to hit the child with something), and very severe violence (e.g., beat up the child; threatened the child with a knife or gun). Subjects who reported having experienced severe physical violence and very severe violence except item 2 (“hit or tried to hit you with something hard”) were excluded from analyses as only subjects with histories of verbal aggression alone were the focus of this study.

Subjects were asked to report the frequency of the occurrence of each event when they were living at home. The response was scored as 0=none, 1=Once, 2=Twice, 3=3-5 times, 4=6-10 times, 5=11-20 times, and 6= 20 or more times. An average internal consistency reliability coefficient of .58 has been found. Empirical findings report high agreement among family responses and also support construct validity of this measure (Straus et al., 1997).

Psychological Maltreatment Scale (PSY-2). Verbal aggression was measured by the PSY-2 (see Appendix D2). The psychological maltreatment scale is a seven-item scale devised by Briere and Runtz (1988). This scale was created based on a rational /intuitive approach. It was designed to tap those parental behaviors that are primarily verbal in nature. Subjects were asked to report the frequency with which they have experienced each act in an average year when they were living at home. Each act was rated on a 7-

point scale according to the frequency of their occurrence (0= never and 6= more than 20 times). The response was scored as 0=Never, 1=Once, 2=Twice, 3=3-5 times, 4=6-10 times, 5=11-20 times, and 6= 20 or more times. Subjects were asked to report separately on acts by maternal figures and paternal figures, and then summed to form a total verbal aggression score.

Items are the following: (1) yell at you; (2) insult you; (3) criticize you; (4) try to make you feel guilty; (5) ridicule or humiliate you; (6) embarrass you in front of others; and (7) make you feel like you were a bad person. Internal consistency reliability is .87 for psychological maltreatment both by mother and father.

The Parental Bonding Instrument (PBI). The PBI was developed by Parker, Tubling, and Brown (1979) to assess subjects' perceptions of their parents' attitude toward them and perceived emotional neglect by parents (see Appendix D3). There is a version for each parent, with 12 Care items and 13 Overprotection-Control items. In this study, only the 12 item Care subscale was used. Low scores on the Care subscale reflect parental neglect and rejection. Responses were based on a 4-point scale (1 = very like, 2 = moderately like, 3 =moderately unlike, 4 = very unlike the parent). Subjects were asked to describe characteristics of the mother or the father independently, in their first 16 years. Parker et al. (1979) have reported good test-retest reliability (.76) and good internal reliability (split-half reliability= .88, Chronbach's alpha= .92) for the Care subscale (Parker et al., 1979).

Family Adaptability and Cohesion Scale (FACES II). FACES II, designed by Olson, Portner, and Bell (1982), is a 30-items self-report inventory asking individuals to rate their families (see Appendix D4). FACES II has satisfactorily differentiated clinic from

non-clinic families. It contains 16 Cohesion items and 14 Adaptability items. Cohesion reflects a subject's perception of positive emotional involvement of members of the family, time spent together, coalition, friends, consultative decision-making, and common interests and activities. Adaptability reflects the extent to which family rules are perceived by the subject to be flexible, open to personal input, and negotiable. In this study, only the Cohesion subscale was used, and subjects were asked how to describe aspects of family cohesion from their childhood. The internal consistency (alpha) is .90 for the total scale, .87 for Cohesion and .78 for Adaptability. A test-retest reliability of the initial 50-item version was found to be .84 for the total scale and .83 for the Cohesion subscale (Olson et al., 1982).

Coping Strategy Indicator (CSI). The CSI was developed by Amirkhan (1990) as a 33-item self-report measure of three fundamental modes of coping (see Appendix D5). A list of coping options was derived from widely used measures, such as the Ways of Coping Checklist (Lazarus & Folkman, 1984), and only items that repeatedly demonstrated their accuracy were adopted for the CSI. The CSI has several important features. First, according to Amirkhan (1990), it is superior psychometrically and free from demographic influence. Second, it reflects distinct, fundamental modes of response because of the orthogonality of the subscales. Furthermore, the CSI has been shown to have good criterion-related validity (Amirkhan, 1994) and good reliability, with mean test-retest correlations of .82 and internal reliability of .93 (Amirkhan, 1990).

The CSI instructs respondents to select a stressful event from their lives and briefly describe it, and asks subjects to rate the extent of use for each item on a 3 point scale (a lot, a little, or not at all). Responses are summed to form three scales: Problem Solving

(e.g., “thought about what needed to be done to straighten things out”), Seeking Social Support (e.g., “let your feelings out to a friend”), and Avoidance (e.g., “watched television more than usual”). In this study, only the Problem Solving subscale was used. Although the CSI was intended as a situation-specific measure to assess an individual’s choice among strategies in any one coping episode, it has been found to also be effective in identifying more generalized, cross-situational coping tendencies (Amirkhan, 1989).

Beck Depression Inventory (BDI). The BDI was originally developed by Beck (1967) to measure depression (see Appendix D6). The BDI contains 21 items that assess mood, guilt, anhedonia and physical symptoms. Each item can be rated from 1 (no problem) to 3 (severe problem). Alpha-reliability has generally ranged from .72 to .88 and test-retest reliability has ranged from .67 to .82 (Yin & Fan, 2000).

Rosenberg Self-Esteem Scale (SES). Rosenberg (1965) developed this 10-item measure of self-esteem, consisting of statements of attitudes or beliefs about general self-worth (Rosenberg, 1963) (see Appendix D7). Items are rated on a 4-point Likert scale ranging from 1 (strongly agree) to 4 (strongly disagree). Silbert and Tippet (1965) found an acceptable level of test-retest reliability (.85) for the RSE. The RSE has been shown to have adequate internal consistency (Cronbach’s alpha .77 and .88) and test-retest reliability (.82).

Aggression Questionnaire (AQ). The Aggression Questionnaire developed by Buss and Perry (1992) is a self-report instrument composed of 29 items that are rated on a Likert type scale ranging from 1 (extremely uncharacteristic of me) to 5 (extremely characteristic of me) (see Appendix D8). The AQ includes four subscales: Physical Aggression, which has nine items (e.g., “I have threatened people I know”); Verbal

Aggression, which has five items (e.g., “I often find myself disagreeing with people”); Anger, which has seven items (“I have trouble controlling my temper”); and Hostility, which has eight items (e.g., “I am sometimes eaten up with jealousy”). In this study, only the Physical Aggression and Anger subscales were used. Buss and Perry (1992) reported a coefficient alpha of .89 for the AQ total score, .85 for Physical Aggression, and .83 for Anger. The test-retest reliabilities over a 9-week interval were adequate (.80 for Physical Aggression, .72 for Anger, and .80 for total score). Buss et al. (1992) reported men had significantly high scores on Physical Aggression but found no sex differences for the Anger subscale.

Inventory of Interpersonal Problems (IIP). The IIP is 127-item self-report inventory (Horowitz et al., 1988) (see Appendix D9). This measurement was derived from content analysis of the intake interviews of psychiatric outpatients. The IIP has been used to identify dysfunctional patterns in interpersonal interactions. Items on the IIP were rated on a 5-point scale ranging from 0 (not at all) to 4 (extremely distressing). Individuals were asked to answer “how hard” specific interpersonal situations were for them, and what behaviors they did “too much.” In previous work with the IIP, five subscales with a total of 47 items were derived (Pilkonis, Kim, Proietti, & Barkham, 1996): interpersonal sensitivity, interpersonal ambivalence, aggression, need for social approval, and lack of sociability. The items reflect the nature of the interpersonal problems characteristic of patients with personality disorders. Of these subscales, the interpersonal sensitivity subscale (11 items) was used in this study (e.g., “it’s hard for me to trust other people”). This subscale has been found to have an internal consistency reliability of .83.

Procedure

The subjects were asked to participate in a voluntary research project. Participants were recruited from introductory psychology classes. Each subject was given a packet containing an informed consent (see Appendix A) and a questionnaire booklet that took approximately 30 minutes to complete. The measures in the packet included demographic questions as well as all of the surveys reviewed earlier (the PSY-1, PSY-2, PBI, FACESII, CSI, BDI, RSE, AGQ, and IIP). Participants completed the questionnaires in Physical Sciences building classrooms. Each subject was provided with a written feedback statement (see Appendix B) following completion of the questionnaires.

Group Definition

In the present study, verbal aggression was conceptualized along a continuum of severity; thus, this study did not categorize subjects into a non-maltreated control group and maltreated group. Rather, lower verbal aggression and higher verbal aggression groups were identified based on their responses to the PSY-2 (Psychological Maltreatment Scale). The groups were established in the following manner. All subjects were asked to rate the frequency of occurrence of each incident in an average year when they were living at home. The lower verbal aggression group was composed of individuals whose weighted score for verbal aggression was below the median of the sample. The higher verbal aggression group was composed of individuals whose score for either parent for verbal aggression was above the median of the sample. Subjects who indicated having experienced any item in PSY-1 (Conflict Tactics Scale) except for item 2 (“hit or tried to hit you with something hard”) were excluded from both groups. The reason for exclusion of Item 2 was that hitting or trying to hit with something hard was found to be a very common form of punishment (of the 73 subjects who have

experienced item 2, 56 subjects have experienced only item 2 in PSY-1). Further more, this can also be considered as one form of psychological maltreatment.

Results

The data from this study were analyzed utilizing various statistical methods including chi-square tests, Pearson correlations, analyses of variance (ANOVAs), *t*-tests, and multiple regression analyses. For the ANOVAs, subjects were subdivided by median split into high and low groups for verbal aggression and each protective factor. The following analyses were conducted:

Verbal Aggression History

Participants were questioned about the frequency of verbally aggressive incidents when they were living in their parents' home. All subjects except one reported experiencing at least one form of verbal aggression. The scores on the Psychological Maltreatment Scale (PSY) ranged from 0 to 84, with a mean score of 23.67 and a median score of 19.0. Tables 1 and 2 illustrate the mean score and frequency of each type of verbal aggression as measured by the PSY. "Yelling or screaming" was the most prevalent form of reported verbal aggression ($\bar{M} = 4.02$, $SD = 1.53$, by mother; $\bar{M} = 3.23$, $SD = 1.84$, by father). More than 35% of the participants reported having experienced 10 or more incidents of yelling or screaming. Other common types of verbal aggression were criticizing, making the subjects feel guilty, insulting, and embarrassing (see Table 2). More than 60% of the participants reported no incidents of ridiculing or "making them feel they are bad persons". The pattern of verbal aggression was similar whether by the mother or father, with "yelling", "criticizing", and "making you feel guilty" being the most common patterns. However, overall, mothers were found to be more verbally

aggressive than fathers. Mean scores of verbal aggression by mothers were significantly higher than those by fathers for 5 forms of verbal aggression: “yelling,” $t(232) = 7.30, p < .01$; “criticizing,” $t(232) = 3.73, p < .01$; “making you feel guilty,” $t(232) = 6.56, p < .01$; “embarrassing,” $t(232) = 2.85, p < .01$; “making you feel that you are a bad person,” $t(232) = 4.38, p < .01$.

The frequency of parental verbal aggression was associated with incidence of physical maltreatment. Within the non-physical maltreatment sample, verbal aggression scores ranged from 0 to 63, whereas the scores within the physical maltreatment sample ranged from 10 to 84. Results of a t -test analysis indicated that physically maltreated individuals experienced significantly more verbal aggression ($M = 38.58, SD = 20.25$) than did non-physically maltreated individuals ($M = 20.94, SD = 13.08$), $t(231) = 6.76, p < .01$.

Demographic differences. Chi-square analyses and t -tests were performed to compare demographic data (e.g., age, gender, income, family structure, etc.) in the low verbal aggression group (VA) ($n=99$) and the high verbal aggression group ($n=98$) on the non-physical abuse sample. Results showed that subjects in both groups reported similar backgrounds. There were no significant age or gender differences between these two groups. In both the low and high VA groups, the majority of students were Caucasian (89.0%, 91.0%, respectively) and freshmen (64.0%, 69.0%, respectively). There were no differences in any other demographic data between the two groups.

In summary, the results did not identify specific identifying demographic characteristics of individuals who experienced a high versus low level of verbal aggression.

Verbal Aggression and Adjustment Outcomes

Do individuals who experienced more parental verbal aggression in childhood display more undesirable outcomes? In order to examine the negative impact of verbal aggression, Pearson correlational analyses comparing verbal aggression and the outcome variables were performed on the data for the non-physical maltreatment sample ($n=197$) (see Table 3). The analyses included the relationship between verbal aggression and the psychological adjustment measures, i.e. BDI, RSE, AGQ, IIP. As predicted, results showed that verbal aggression frequency was positively correlated with the four adjustment variables: depression ($r = .22, p < .01$), low self-esteem ($r = .16, p < .05$), aggression ($r = .21, p < .01$), and interpersonal sensitivity ($r = .20, p < .01$). These findings indicate that those individuals who experienced more parental verbal aggression evidenced greater depression, lower self-esteem, greater aggressiveness, and greater interpersonal sensitivity. The four outcome variables were also significantly correlated with each other.

Consistent with these findings, t -tests also revealed that there were significant differences in all outcome variables (depression, low self-esteem, aggression, and interpersonal sensitivity) between the two verbal aggression groups (high vs. low). Table 4 shows comparisons of the two groups for each outcome variable mean. The individuals in the high VA group had a significantly higher BDI mean score, which was in the normal to mildly depressed range, than those in the low VA group, $t(195) = 3.17, p < .01$. Also, individuals in the high VA group had significantly lower self-esteem, $t(195) = 2.23, p < .05$, a higher level of aggression, $t(195) = 2.17, p < .05$, and greater interpersonal sensitivity than did those in the low VA group, $t(195) = 3.50, p < .01$.

Moderating Role of Protective Factors

The second research question was whether protective factors serve to modify the relationships between verbal aggression and negative adjustment outcomes. To answer this question, first, correlational analyses between the protective variables and the adjustment outcomes were performed. Whereas the degree of verbal aggression was found to be highly correlated with negative psychological adjustment, there were significant relationships between the protective factors and desirable psychological adjustment. As shown in Table 5, results revealed that maternal emotional bonding and family cohesion were significantly correlated with all adjustment outcomes, and paternal emotional bonding and coping skills were negatively associated with depression and aggression.

Prediction of adjustment. One problem in studying the moderating variables of child abuse is that abuse and family dysfunction are often highly correlated. One alternative that has been proposed (Edwards et al., 1992) is to use a complete regression model in which the abuse variables and family relationship variables are entered, which was the procedure followed in this study. Stepwise multiple regression analyses were carried out with both the verbal aggression variables and the protective variables to identify which of these variables would be the best predictors of psychosocial adjustment. Table 6 shows the results of the multiple regression analyses in the prediction of depression, self-esteem, aggression, and interpersonal sensitivity, separately. In these analyses, verbal aggression occurrence was entered into step 1 and all of the protective factors (e.g., family cohesion, an emotional bond to each parent, and coping skills) were entered simultaneously into step 2 to assess their independent effects. All of the regression analyses were found to be

significant with level of family cohesion being the most important factor as a predictor. However, it should be noted that protective factors were highly intercorrelated (see Table 7). Each of the regression analyses will be discussed below.

In the prediction of depression, the strongest correlation was with family cohesion, followed by the amount of verbal aggression, indicating that a lower level of family cohesion was predictive of higher levels of depression.

In the prediction of self-esteem, verbal aggression was found to be a significant predictor in the first step; however, it was not significant after the protective factors were entered. The model including all variables significantly predicted level of self-esteem, with family cohesion being the best predictor of higher self-esteem.

In the regression analysis with the criterion variable of aggression, parental verbal aggression, family cohesion, and coping skills were found to equally explain the variance. Specifically, family cohesion and good coping skills were inversely related to current aggression level.

Finally, in predicting interpersonal sensitivity, family cohesion was the best predictor and accounted for 10.2% of the variance. Verbal aggression was not found to be a significant predictor after protective factors were entered.

Interaction between verbal aggression and protective factors. It was hypothesized that protective factors would serve as moderators of high verbal aggression. To test this hypothesis, a series of 2X2 ANOVAs were performed: 2 (verbal aggression: low vs. high) X 2 (family cohesion: low vs. high); 2 (verbal aggression: low vs. high) X 2 (coping skills: low vs. high); 2 (verbal aggression: low vs. high) X 2 (emotional bond with parent: low vs. high). Each protective variable was dichotomized using median split procedures,

which created a set of independent variables with two levels each (high and low) (see Table 8).

As shown in Table 9, results of ANOVAs showed that family cohesion had a main effect on all adjustment outcomes: depression, $F(1, 193) = 16.21, p < .01$; low self-esteem, $F(1, 193) = 12.04, p < .01$; aggression, $F(1, 193) = 9.89, p < .01$; interpersonal sensitivity, $F(1, 193) = 22.57, p < .01$. Paternal emotional bonding was found to exhibit a main effect for depression and interpersonal sensitivity: depression, $F(1, 193) = 6.75, p < .05$; interpersonal sensitivity, $F(1, 193) = 4.06, p < .05$, while maternal emotional bonding and coping skills had main effects on depression: maternal bonding, $F(1, 193) = 4.17, p < .05$; coping skills, $F(1, 193) = 7.59, p < .01$.

There was one statistically significant interaction effect of maternal emotional bond and verbal aggression with current aggressive behavior. High verbal aggression individuals with greater maternal bonding were more depressed than those who had less maternal bonding. For low verbal aggression subjects, on the other hand, those who had less maternal bonding were more depressed than those who had greater maternal bonding. These findings indicate that, in general, protective factors, especially family cohesion, do serve to moderate maladjustment at both the high and low verbal aggression levels, though not in the predicted direction.

Gender Differences

The final hypothesis studied was whether there were gender differences in verbal aggression, current psychological adjustment, and protective factors. The following analyses compared female ($n=146$) and male ($n=51$) subjects.

Psychological adjustment. In order to examine gender differences in overall psychological adjustment levels, *t*-tests were conducted for each adjustment outcome and protective factor (see Table 10). Significant differences were found for level of aggression only. Specifically, men had a significantly higher aggression mean score than did women, $t = 4.85$, $p < .01$. Males and females had the same level of adjustment with regard to depression, self-esteem, and interpersonal sensitivity.

Impact of verbal aggression. Although gender did not have an effect on overall psychological adjustment with the exception of aggression, women were more likely to be affected by parental verbal aggression than men. In the female sample, results of correlational analyses between verbal aggression and adjustment outcomes showed that verbal aggression was significantly correlated with negative psychological outcomes (see Table 11). Furthermore, female subjects in the high VA group had higher scores on all the outcome measures than did the low VA group (see Table 12). On the contrary, in both the overall male sample and the high/low VA male samples, there were no significant relationships between verbal aggression and any of the outcome variables.

The role of protective factors. There were no significant gender differences for the protective factor mean scores. Although both men and women scored similarly on the protective factor measure, the effects of protective factors were found to be different depending on gender. Table 13 illustrates the results of correlational analyses between the protective factors and adjustment outcomes for each gender. In the male sample, paternal emotional bonding was significantly negatively associated with aggression, family cohesion was negatively related to interpersonal sensitivity, and use of coping skills was negatively related to depression and aggression. Maternal emotional bonding was not

significantly correlated with any outcome measures for male subjects. However, maternal bonding was significantly correlated to positive psychological outcomes for female subjects. Family cohesion also had positive relationships with all of the adjustment outcomes in the female sample.

Tables 14 and 15 show the results of multiple regression analyses for each gender with verbal aggression and the protective factors entered as predictor variables and the psychological outcome scores as the criterion variables. These results indicate that there were significant gender differences in the prediction of adjustment outcomes. For males, verbal aggression itself was not predictive of any of the outcomes, although the overall equation significantly accounted for depression, aggression, and interpersonal sensitivity. More specifically, the presence of coping skills was a significant predictor of decreased depression, paternal emotional bonding was a significant predictor of a lower level of aggression, and family cohesion was a significant predictor of reduced interpersonal sensitivity.

In contrast, for the female subjects, verbal aggression alone was a significant predictor of all of the psychological outcome measures. The overall equations were also found to be significant, with the protective factor of family cohesion being the better predictor for depression, self-esteem, and interpersonal sensitivity. It should be noted that protective factors were highly intercorrelated for each gender (see Table 16).

In summary, both male and female subjects showed the same levels of overall psychological adjustment, with the exception of aggression, and protective factors. However, significant gender differences were found with regard to the impact of verbal aggression on current adjustment. Women who experienced greater verbal aggression

evidenced significantly poorer psychological adjustment as compared to women who experienced less verbal aggression. In contrast, there were no significant relationships between verbal aggression and negative outcomes for men. There were also gender differences with respect to the role of protective factors. For female subjects, maternal bonding and family cohesion were significantly correlated with all four adjustment outcomes. For male subjects, on the other hand, paternal bonding, family cohesion, and coping skills were predictive of aggression, interpersonal sensitivity, and depression, respectively.

Discussion

The current study aimed to investigate the complex relationships among verbal aggression, certain protective factors, and young adults' psychosocial adjustment. The primary hypotheses of this study were that 1) parental verbal aggression in childhood has long-term effects on adult adjustment, i.e., lower self-esteem, higher level of depression, aggression, and interpersonal sensitivity; 2) protective factors, including coping skills, family cohesion, and an emotional bonding to parents, would serve to modify the relationship between verbal aggression and undesirable outcomes; 3) gender differences would be found with respect to undesirable outcomes in adulthood and protective factors. In the following section, each hypothesis and the results will be discussed.

Incidence of Verbal Aggression

The present study found that parental verbal aggression was a common experience in a non-clinical sample of 233 college students. Yelling or screaming was the most prevalent form of verbal aggression, while ridiculing and making a child feel he/she is a bad person was reported less frequently. That is, a majority of people experienced verbal

aggression by tone of voice rather than by cruel statements. Although common types and frequency of verbal aggression were similar between mothers and fathers, mothers reportedly were more likely to use verbal aggression than fathers. Men and women were found to be equally subjected to verbal aggression. This finding contradicts that of an earlier study reporting that boys were subjected to somewhat more verbal aggression than girls (Vissing et al., 1991). The participants in the previous study were selected from respondents in the Second National Family Violence Survey (Straus & Gelles, 1990), and majority of the participants were mothers of physically and/or verbally abused children, which may account for the difference in prevalence between these two studies. In this study, it was also found that those subjects who had been physically maltreated reported more verbal aggression than non-physically maltreated individuals. This finding can be explained by the fact that psychological maltreatment presents in almost all cases of physical maltreatment (Claussen et al., 1991).

Verbal Aggression and Adjustment Outcomes

The first main goal of this study was to examine whether individuals who experienced parental verbal aggression in childhood exhibited unfavorable long-term psychological outcomes. It was found that verbal aggression alone, as well as physical maltreatment, had a strong negative impact on the development of individuals' psychosocial adjustment. As hypothesized, those who experienced frequent verbal aggression perceived themselves as depressed, less worthy, aggressive, and overwhelmed in interpersonal relationships.

The negative impact of verbal aggression on self-esteem has been identified in previous studies and explained as follows. Parental statements are considered as a basis

for self-perception. Children who are subject to verbal abuse internalize this continual criticism and discouragement from their parents, and thereby develop an unfavorable self-image (Briere et al., 1990; Cicchetti et al., 1989). In contrast, learning theory can help to explain the development of aggressiveness. It is hypothesized that aggressive parenting behaviors are transmitted to children by teaching them that aggression is acceptable and appropriate (Kaufman & Zigler, 1989; Vissing et al., 1991). Miller et al. (1987) also mentioned that a mother's anger and aggression result in a child learning to respond with verbal refusals, threats, insults, and assertions. With respect to interpersonal sensitivity, although it has rarely been focused on in previous research, this study found that verbal aggression exacerbated inappropriate behaviors and skills in social interaction. Cicchetti et al. (1989) explain that children who have little opportunity to normally interact with family members can display disturbed individual's interpersonal behaviors. Parents may provide inadequate learning opportunities, behavioral models, and inadequate information about how to interact with others (Masten et al., 1990).

The Role of Protective Factors

As mentioned above, the findings support the assertion that individuals with a history of parental verbal aggression can have negative long-term effects. The findings from this study also indicate that protective factors in the individual and the family, especially family cohesion, can modify the negative impact of childhood verbal aggression on later psychological adjustment. The degree to which family members feel connected to their family, the emotional responsiveness of a parent, and an attempt to find ways of successfully resolving personal problems were associated with current psychosocial adaptation. In fact, it was found that the degree of adult psychological maladjustment or

health can be predicted by the both verbal aggression and protective factors and not simply verbal aggression alone.

Although it was hypothesized that protective factors serve to moderate the negative psychological impact of verbal aggression, the findings indicated that, regardless of verbal aggression history, most of the protective factors played a role in improving current psychological adjustment. Protective factors served to decrease the risk of negative adaptation for individuals under both favorable and unfavorable circumstances.

Family cohesion. Family cohesion is defined as an emotional bonding that family members have toward one another (Olson et al., 1982). In the current study, this perception of involvement of a family was found to decrease the risk of depression, low self-esteem, aggressive behaviors, and unsatisfying personal relationships. Furthermore, the quality of familial bonding could serve as a buffer against parental verbal aggression. Among the four protective factors, family cohesion was a prominent predictor and exhibited the strongest relationships with all the adjustment outcomes.

In predicting self-esteem and interpersonal sensitivity, family cohesion was found to be the only significant predictor. That is, to promote favorable self-perception and a sense of social competence, a supportive environment and experience of being involved in a family appear to be more important than the absence of verbal aggression history. These findings are consistent with an earlier study (Cooper, Holman, & Braithwaite, 1983), indicating that perception of family cohesion has an important influence on the development of self-concept in children. Among the four outcome domains, interpersonal sensitivity was found to have the strongest relationship with family cohesion. It may be that this early appropriate family communication resulted in learning about healthy

relationships that may result in better functioning in future relationships. In predicting depression, although verbal aggression history was still an important factor, a lack of close intimate family relationships was a better predictor.

Thus, the present study confirmed that children who are raised in warm environments that provide the perception of support and safety have better adult psychosocial adjustment. Despite exposure to verbal aggression, individuals' psychological well-being is promoted in an environment in which family members share time, space, interests, and recreation. Not only the parent-child relationship, but also the whole family environment was found to be a critical factor in the development of healthy long-term psychosocial outcomes.

Parental emotional bonding. It was proposed that parental emotional availability could moderate the detrimental outcomes resulting from verbal aggression. Although parental emotional bonding did not predict current adjustment as much as family cohesion, it was also found to be an important factor for healthy adjustment. In addition to verbal aggression, whether people perceived parental affection or emotional neglect was predictive of their psychosocial well-being. Emotional accessibility of parents could buffer against exposure to verbal assaults. These findings support previous studies (Loos et al., 1997), associating emotional neglect or unavailability with lowered and impaired sense of self-worth, diminished social competence, and loneliness. Lack of interest in a child or inability to meet a child's emotional needs appears to lead to the development of a sense of unworthiness. Although the mechanisms are not known, some possible explanations has been considered. As Rutter (1990) explains in a family discord study, emotional support by one parent may provide some security to verbally abused children

and, thereby, neutralize or counteract the damage of verbal aggression. Furthermore, positive experiences with a parent may enable verbally abused children to reevaluate their own negative relationships. Another explanation is that psychologically abused individuals can develop healthy functioning by meeting one or more of their basic psychological needs sufficiently through an intimate relationship with the non-abusing parent (Garnezy, 1987).

An interesting finding was that for all outcome domains, the more individuals perceived maternal care, the better adjustment they exhibited. On the other hand, paternal emotional bonding was significantly related to only depression and aggression. Despite these results, it is not clear whether maternal emotional bonding is more critical for long-term adjustment than paternal emotional bonding. In a follow up study of one Finnish cohort (Palossari, Aro, & Laippala, 1996), for both boys and girls in non-divorced families, closeness with father was found to be more strongly correlated with decreased depression than closeness with mother. The current study and this follow up study differ in the samples and the methods. In the present study, the majority of the sample was female, and the gender of the parent who was verbally aggressive versus emotionally supportive was not analyzed. The interactional effects of aggressive/abusive parent's gender, supportive parents' gender, and child's gender is in need of further study.

Coping style. Problem-solving coping strategy refers to the cognitive and behavioral efforts that help an individual to actively solve problems. The role of coping skills as a protective factor against verbal aggression was confirmed in this study. Overall, individuals who used a problem-solving coping style when faced with difficult situations, were found to display less aggression and depression. The effort involved in

constructively solving problems may decrease the use of aggressive behaviors as a response to conflict. Furthermore, problem-focused coping is positively related to feelings of control over a stressful situation, which has been found to decrease emotional distress (Compas, Banez, Malcarne, & Worsham, 1991). It is possible that the ability to find ways of changing a problem situation and, thereby having a greater sense of control, can decrease helplessness and elevate encouragement, which results in minimizing distress and depression.

These findings support earlier research (Dumont & Provost, 1999) suggesting that resilient adolescents who had a high level of stress and a low level of depression achieved high scores on measures of problem-solving coping strategies. The results are also consistent with findings from a previous study (Sandler, Tein, & West, 1994), in which active coping skills, including problem-solving skills and positive cognitive restructuring, decreased conduct problems and depression under both low and high stress conditions. Furthermore, Compas, Malcarne, and Fondacaro (1988) indicated that use of problem-focused coping strategies is related to decreased emotional and behavioral problems in individuals under stress. Finally, it has been shown that adolescents who primarily used active coping skills reported fewer symptoms of depression from negative life events (Herman et al., 1996; Herman-Stahl, Stemmler, & Peterson, 1995; Ruchkin, Eisemann, & Hagglof, 1999). Thus, the ability to manage life challenges and the effort to control problem situations can counteract the potential negative psychological outcomes resulting from verbal abuse.

Gender Effects

Reaction to verbal aggression. In the present study, women were more likely to be

vulnerable to verbal aggression than men. However, women did not have a higher rate of maladjustment or lower level of protective factors than did men. In fact, gender differences on measures of protective factors and long-term adjustment levels were found for aggression only. Men were more aggressive than women, regardless of verbal aggression history, which is consistent with other research. Hoglund et al. (1995) suggested that both biological and environmental factors are possible causes of gender differences in aggressiveness.

Despite the fact that gender differences were found only for aggression, the degree to which verbal aggression resulted in emotional distress was significantly greater for women. Women's current adjustment was strongly associated with verbal aggression whereas men's adjustment was not. Some previous research using late adolescent female subjects supports these findings. Werner (1982) suggested that girls were more resilient in childhood but more vulnerable in adolescence. That is because, in adolescence, due to societal expectations, sexual pressures, and biological changes, girls may have greater challenges and vulnerability. It has also been indicated that adolescent girls might be less resilient because girls' coping strategies are less effective and they experience more stress associated with physical maturation and a woman's role (Aro, 1994). Crittenden et al. (1994) also suggested that emotional and/or physical abuse may exacerbate dysfunction in later life for adolescent girls. The researchers pointed out that, although abused boys were found to exhibit more externalizing problems than did girls, abused girls may experience different forms of risk, such as inhibition, which might be less apparent for a while.

On the other hand, these findings are contrary to Rutter's (1987) report, suggesting

that males are more likely to develop emotional and behavioral disorders when exposed to family discord. The results of the present study were also incongruent with an earlier finding (Guidubaldi & Perry, 1985) that boys from divorced family displayed more adverse effects than did girls. Thus, there is no consensus about gender differences with regard to vulnerability. It is possible that the conflicting findings are due to these studies examining different types of stress or maltreatment as a predictor and different criteria for adjustment outcomes. The gender differences may differentially influence outcomes depending on the types of stress or maltreatment.

Finally, previous studies have suggested that girls are more likely to react to abuse with emotional distress and depression, while boys are more likely to react with externalizing responses (Licitra-Kleckler et al., 1993; Rutter, 1987). However, the results of the current study revealed that women showed their maladaptation to verbal aggression with both internalizing and externalizing responses.

Differences in protective factors. Among resilient women, family communication and a maternal ability to meet the child's emotional needs were important factors in mediating the long-term psychological effects of verbal aggression. For men, however, protective factors were differentially effective in moderating long-term outcomes. Whereas coping skills played an important role in decreasing the risk of depression, paternal affection and acceptance served to reduce the risk of aggression, and family cohesion was related to decreased interpersonal sensitivity. While maternal positive emotional care was highly associated with healthy adjustment for women, this pattern of results did not hold true for male subjects.

This finding is consistent with earlier research, which suggests the importance of

same-sex role models. According to Loos et al. (1997), verbal aggression by the same-sex parent was predictive of aggression and anger for each gender, although paternal neglect predicted lower self-esteem in women. Men and women seem more likely to model violent behaviors and abusive communications directly from their same-sex parents. Pianta et al., (1990) also pointed out that maternal positive characteristics are important foundations for girls' competency.

Some previous research has had conflicting findings. Palosarri et al., (1996) examined Finnish adolescents and found that depression resulting from parental divorce was mediated by closeness to father among girls, although for boys, there was no relationship between closeness to parents and depression. The relationship with the father seems to be of considerable importance for adolescent daughters. A close relationship with the father may weaken the impact of a girl's identification with the abandoned mother and help her to not internalize the unsuccessful relationship between her father and mother (Palosarri et al., 1996).

Due to lack of research, it is difficult to make conclusions as to the role of gender in the long-term outcomes of verbal aggression and the role of protective factors. Additionally, it appears that the gender of an abusive parent has differential effects according to the type of maltreatment and criterion of psychosocial well-being. The current study is similar to a previous study (Loos et al., 1997). Both studies found that male aggression is associated with lack of paternal bonding, while female aggression is associated with lack of maternal bonding. However, in this study, the gender effect seems to be more complicated. It is possible to consider gender interactions among a child, an abusive parent, and a parent who gives emotional care.

Limitations and Suggestions for Further Research

As discussed above, the current study explored the complicated relationships among verbal aggression experience, protective factors, and young adults' psychological adjustment. Several limitations should be noted here. One of the limitations is the manner of sample selection. Subjects were voluntary participants from one university, and most of them were female freshmen students in introductory psychology classes. The male sample was comparatively small, making it difficult to make clear conclusions.

Additionally, it may be that the young age of the subjects may have influenced the pattern of psychological adjustment scores. For freshman students, it may be the first time to be away from dysfunctional family environments or living by themselves without familial supports. This may have affected response patterns to social adjustment measures.

A second limitation is the reliance on self-report and a retrospective evaluation of family factors. Specifically, poor memory, number of years away from home, and general attitudes towards parents could confound the results (Ruchkin et al., 1999). Additional research making use of other reporters, such as parents and teachers, and alternative methods such as observation would be useful.

Third, although this study adopted frequency as the verbal aggression variable, severity or chronicity have also been found to be important variables to consider when predicting the behavior/emotional sequelae of verbal aggression. Manly et al. (1994) found that even when frequency was low, severe maltreatment predicted low social competencies and behavior problems and that the interaction between frequency and severity was predictive of behavior problems and level of social competence.

The present study also did not take into account when the subjects had experienced

verbal aggression. Previous research has found that developmental age at the time of abuse is an important variable that mediates the impact of psychological maltreatment (McGee et al., 1991; Hart et al., 1991). According to earlier research (Masten et al., 1990), older children or adolescents have stronger and longer lasting reactions to major stressors than do very young children.

Another limitation is that due to the use of cross-sectional data, it is impossible to make causal conclusions regarding the protective factors. For example, we do not know whether the outcomes are stable factors. Also, we do not know whether a subject's coping style changed across time or was due to their verbal aggression history.

Additionally, individuals may use different coping styles to solve different problems. In this study, because subjects were primarily freshmen, a number of subjects considered issues such as selecting a college and living in a new environment as problematic situations to which they applied the coping skills. We do not know whether they would use the same coping style when faced with familial conflicts.

Lastly, there is a disadvantage of using median splits used to form the high/low groups. Subjects with scores close to the median are very similar, although they are categorized in different groups. Utilizing median splits can mask differences between the high and low groups, making it more difficult to interpret the results.

Several suggestions can be made for future research. First, future studies are needed with larger and more representative samples than that of the current study. Second, it is important to examine other protective factors than the ones in the current study. A number of different factors have been found to moderate the effects of stressful events. Those factors include temperamental characteristics (Werner et al., 1982), a high IQ and

success in school (Garmezy et al., 1984; Garmezy, 1987; Masten et al., 1990), locus of control (Luther, 1991), social support (Losel et al., 1994; Sandler et al., 1982), and positive relationship with peers (Herman-Stahl et al., 1996). Third, longitudinal methods should be adopted to study the role of protective factors over longer periods of time. Moreover, more investigation of gender differences is needed. Specifically, this study highlights the importance of considering the interactive effects on men and women of being maltreated by same-sex versus opposite-sex parents. Finally, as Rutter (1990) suggested, future research is needed to better understand the process by which protective factors moderate undesirable outcomes.

Conclusion

Despite these limitations, the present study has important implications for understanding and treatment of verbally abused victims. Verbal aggression and psychological maltreatment have not been a focus of research until recently because they have not been considered as detrimental as physical abuse. The present study provides evidence that verbal aggression alone can undermine long-term psychological adjustment. Although parental verbal aggression is likely to be a very common incident, it is noteworthy that it has negative long-lasting effects on depression, concept of personal worth, aggressive behaviors, and a sense of social incompetence. The findings also indicate the importance of harmonious family relationships, parent's emotional accessibility, and problem-solving coping skills as moderators of the potential negative effects of verbal aggression. Individuals who experience severe verbal aggression can recover successfully if they receive some degree of familial support and parental emotional warmth, and if they develop active coping strategies to deal with life

challenges. Although verbal aggression was predictive of emotional and behavioral disturbance, it is important to consider not only the verbal aggression act itself but also other individual and familial aspects when studying or treating individuals or families with a history of severe verbal aggression.

Stemming from this, intervention should focus not only on stopping aggressive acts, but also on improving the familial environment and relationships between parents and child. Although psychological maladjustment may result from parental verbal aggression, abused individuals can benefit from interventions that focus on their cognition to decrease their vulnerability, as well as incorporating family therapy and parent training to change the family environment. Cognitive treatment may be useful to improve the internalized cognitions and self-definitions associated with depression and low self-esteem. To this end, treatment programs should also emphasize training in the use of problem-solving coping strategies and communication skills.

References

- Aber, J. L., & Ziger, E. (1981). Developmental considerations in the definition of child maltreatment. New Directions for Child Development, 11, 1-29.
- Amirkhan, J. H. (1990). A factor analytically derived measure of coping: The coping strategy indicator. Journal of Personality and Social Psychology, 59(5), 1066-1074.
- Amirkhan, J. H. (1994). Criterion validity of a coping measure. Journal of Personality Assessment, 62(2), 242-261.
- Aro, H. (1994). Risk and protective factors in depression: A developmental perspective. Acta Psychiatrica Scandinavica, 91, 59-64.
- Asarnow, J. R., Carlson, G. A., & Guthrie, D. (1987). Coping strategies, self-perceptions, hopelessness, and perceived family environments in depressed and suicidal children. Journal of Consulting and Clinical Psychology, 55(3), 361-366.
- Buss, A. H., & Perry, M. (1992). The aggression questionnaire. Journal of Personality and Social Psychology, 63(3), 452-459.
- Briere, J., & Runtz, M. (1988). Multivariate correlates of childhood psychological and physical maltreatment among university women. Child Abuse & Neglect, 12, 331-341.
- Briere, J., & Runtz, M. (1990). Differential adult symptomatology associated with three types of child abuse histories. Child Abuse & Neglect, 14, 357-364.
- Brown, J. M., O'Keeffe, J., Sanders, S. H., & Baker, B. (1986). Developmental changes in children's cognition to stressful and painful situations. Journal of Pediatric Psychology, 11, 343-357.
- Cicchetti, D., & Carlson, V. (1989). Child maltreatment: Theory and research on the causes and consequences of child abuse and neglect. NY: Cambridge University Press.

Cicchetti, D., & Rizley, R. (1981). Developmental perspectives on the etiology, intergenerational transmission, and sequelae of child maltreatment. New Directions for Child Development, 111, 35-55.

Claussen, A. H., & Crittenden, P. M. (1991). Physical and psychological maltreatment: Relations among types of maltreatment. Child Abuse & Neglect, 15, 5-18.

Compas, B. E., Banez, G. A., Makcarbe, V., & Worsham, N. (1991). Perceived control and coping with stress: A developmental perspective. Journal of Social Issues, 47, 23-34.

Compass, B., Malcarne, V., & Fondacaro, M. (1988). Coping with stressful events in older children and young adolescents. Journal of Consulting and Clinical Psychology, 56 (3), 405-411.

Cooper, J. E., Holman, J., & Braithwaite, V. A. (1983). Self-esteem and family cohesion: The child's perspective and adjustment. Journal of Marriage and the Family, 45, 153-159.

Crittenden, P. M., Claussen, A. H., & Sugarman, D. B. (1994). Physical and psychological maltreatment in middle childhood and adolescence. Development and Psychopathology, 6, 145-164.

Davis, P. W. (1996). Threats of corporal punishment as verbal aggression: A naturalistic study. Child Abuse & Neglect, 20(4), 289-304.

Dekovic, M. (1999). Risk and protective factors in the development of problem behavior during adolescence. Journal of Youth and Adolescence, 28(6), 667-685.

Downs, W. R., & Miller, B. A. (1998). Relationships between experiences of parental violence during childhood and women's self-esteem. Violence and Victims, 13, 63-77.

Dumont, M., & Provost, M. A. (1999). Resilience in adolescents: Protective role of social support, coping strategies, self-esteem, and social activities on experience of stress and depression. Journal of Youth and Adolescence, *28*(3), 343-363.

Erickson, M. F., & Egeland, B. (1987). A developmental view of the psychological consequences of maltreatment. School Psychology Review, *16*(2), 156-168.

Farber, E. A., & Egeland, B. (1987). Invulnerability among abused and neglected children. In E. J. Anthony, & B. Cohler (Eds.), The invulnerable child (pp. 253-288). New York: Guilford Press.

Garnezy, N. (1987). Stress, competence, and development: Continuities in the study of schizophrenic adults, children vulnerable to psychopathology, and the search for stress-resistant children. American Journal of Orthopsychiatry, *57*(2), 159-174.

Garnezy, N., Masten, A. S., & Tellegen, A. (1984). The study of stress and competence in children: A building block for developmental psychology. Child Development, *55*, 97-111.

Gracia, E. (1995). Visible but unreported: A case for the “not serious enough” cases of child maltreatment. Child Abuse & Neglect, *19*(9), 1083- 1093.

Gross, A. B., & Keller, H. R. (1992). Long-term consequences of childhood physical and psychological maltreatment. Aggressive Behavior, *18*, 171-185.

Grossman, F. K., Beinashowitz, J., Anderson, L., Sakurai, M., Finnin, L., & Flaherty, M. (1992). Risk and resilience in young adolescents. Journal of Youth and Adolescence, *21*(5), 529-553.

Guidubalidi, J., & Perry, J. D. (1985). Divorce and mental health sequelae for children: A two-year follow-up of a nationwide sample. Journal of the American Academy of

Child Psychiatry, 24, 531-537.

Halverson, C. F., & Waldrop, M. F. (1974). Relations between preschool barrier behaviors and early school-age measures of coping, imagination, and verbal development. Developmental Psychology, 10(5), 716-720.

Hart, S. N., & Brassard, M. (1991). Psychological maltreatment: Progress achieved. Development and Psychopathology, 3, 61-70.

Hart, S. N., & Brassard, M. R. (1990). Psychological maltreatment of children. In R. Ammerman & M. Hersen (Eds.), Treatment of family violence (pp. 77-112). NY: John Wiley & Sons, Inc.

Harter, S., Alexander, P. C., & Neimeyer, R. A. (1988). Long-term effects of incestuous child abuse in college women: Social adjustment, social cognition, and family characteristics. Journal of Consulting and Clinical Psychology, 56(1), 5-8.

Herman-Stahl, M., & Petersen, A. C. (1996). The protective role of coping and social resources for depressive symptoms among young adolescents. Journal of Youth and Adolescence, 25(6), 433-753.

Herman-Stahl, M., Stemmler, M., & Petersen, A.C. (1995). Approach and avoidant coping: Implications for adolescent mental health. Journal of Youth and Adolescence, 24(6), 649-665.

Hoglund, C. L., & Nicholas, K. B. (1995). Shame, guilt, and anger in college students exposed to abusive family environments. Journal of Family Violence, 10(2), 141-157.

Horowitz, L. M. (1996). The study of interpersonal problems: A Leary legacy. Journal of Personality Assessment, 66(2), 283-300.

Kaufman., J., & Zigler., E. (1989). The intergenerational transmission of child abuse.

In D. Cicchetti & V. Carlson (Eds.), Child maltreatment: Theory and research on the causes and consequences of child abuse and neglect (pp.129-15). NY: Cambridge University Press.

Kurdek, L. A. (1988), A 1-year follow-up study of children's divorce adjustment, custodial mother's divorce, adjustment , and postdivorce parenting. Journal of Applied Developmental Psychology, 9, 315-328.

Lamphear, V. S. (1985). The impact of maltreatment on children's psychosocial adjustment: A review of the research. Child Abuse & Neglect, 9, 251-263.

Licitra-Kleckler, D. M., & Wass, G. A. (1993). Perceived social support among high-stress adolescents: The role of peers and family. Journal of Adolescent Research, 8(4), 381-402.

Loos, M. E., & Alexander, P. C. (1997). Differential effects associated with self-reported histories of abuse and neglect in a college sample. Journal of Interpersonal Violence, 12(3), 340-360.

Losel, F., & Bliesener, T. (1994). Some high-risk adolescents do not develop conduct problems: A study of protective factors. International Journal of Behavioral Development, 17(4), 753-777.

Luthar, S. S. (1991). Vulnerability and resilience: A study of high-risk adolescents. Child Development, 62, 600-616.

Luthar, S. S. (1993). Methodological and conceptual issues on research on childhood resilience. Journal of Child Psychology and Psychiatry, 34, 441-454.

Manly, J. T., Cicchetti, D., & Barnett, D. (1994). The impact of subtype, frequency, chronicity, and severity of child maltreatment on social competence and behavior

problems. Development and Psychopathology, 6, 121-143.

Masten, A.S., Best, K. M., & Garmezy, N. (1990). Resilience and development: Contributions from the study of children who overcome adversity. Development and Psychopathology, 2, 425-444.

Masten, A. S., Garmezy, N., Tellegen, A., Pellegrini, D. S., Larkin, K., & Larsen, A. (1988). Competence and stress in school children: The moderating effects of individual and family qualities. Journal of Child Psychology and Psychiatry, 29(6), 745-764.

Masten, A. S., Morison, P., Pellegrini, D., & Tellegen, A. (1990). Competence under stress: Risk and protective factors. In J. Rolf, J. Masten, J. Cicchetti, K. Nuechterlein, & S. Weintraub (Eds.), Risk and protective factors in the development of psychopathology (pp. 236-256). New York: Cambridge University Press.

McGee, R. A., & Wolfe, D. A. (1991). Psychological maltreatment: Toward an operational definition. Development and Psychopathology, 3, 3-18

McGee, R. A., Wolfe, D. A., & Wilson, S. K. (1997). Multiple maltreatment experiences and adolescent behavior problems: Adolescent's perspectives. Development and Psychopathology, 9, 131-149.

Miller, P. & Sperry, L. L. (1987). The socialization of anger and aggression. Merrill-Palmer Quarterly, 33(1), 1-31.

Mullen, P. E., Martin, J. L., Anderson, J. C., Romans, S. E., & Herbison, G. P. (1995). The long-term impact of the physical, emotional, and sexual abuse of children: A community study. Child Abuse & Neglect, 20(1) 7-21.

Ney, P. G. (1987). Does verbal abuse leave deeper scars: A study of children and parents. Canadian Journal of Psychiatry, 21, 371-378.

O'Leary, K. D. (1999). Psychological abuse: A variable deserving critical attention in domestic violence. Violence and Victims, 14(1). 3-23.

Olson, D. H., Portner, J., & Bell H. L. (1982). Family adaptability and cohesion scale (FACES II). St. Paul, MN: University of Minnesota.

Palosaari, U., Aro, H., & Laippala, P. (1996). Parental divorce and depression in young adulthood: Adolescents' closeness of parents and self-esteem as mediating factor. Acta Psychiatrica Scandinavica, 93, 20-26

Parker, G., Tupling, H., & Brown, L. B. (1979). A parental bonding instrument. British Journal of Medical Psychology, 52, 1-10.

Pianta, R. C., Egeland, B., & Sroufe, L. A. (1990). Maternal stress and children's development: prediction of school outcomes and identification of protective factors. In J. Rolf, J. Masten, J. Cicchetti, K. Nuechterlein, & S. Weintraub (Eds.), Risk and protective factors in the development of psychopathology (pp. 215-235). New York: Cambridge University Press.

Pilkonis, P. A., Kim, Y., Proietti, J. M., & Barkham, M. (1996). Scales for personality disorders developed from the inventory of interpersonal problems. Journal of Personality Disorders, 10(4), 355-369, 1996.

Pitzner, J. K., & Drummond, P. D. (1997). The reliability and validity of empirically scaled measures of psychological/verbal control and physical/sexual abuse: Relationship between current negative mood and a history of abuse independent of other negative life events. Journal of Psychosomatic Research, 43(2), 125-142.

Radovanovic, H. (1993). Parental conflict and children's coping styles in litigating separated families: Relationships with children's adjustment. Journal of Abnormal Child

Psychology, 2(6), 697-713.

Rich, D. J., Gingerich, K. J., & Rosen, I. A. (1997). Childhood emotional abuse and associated psychopathology in college students. Journal of College Student Psychotherapy, 11(3), 13-28.

Romeo, F. F. (2000). The educator's role in reporting the emotional abuse of children. Journal of Instructional Psychology, 27(3), 183-186.

Rosenberg, M. S. (1987). New directions for research on the psychological maltreatment of children. American Psychologist, 42, 166-171.

Rosenberg, M. S., & Germain, R. B. (1987). Psychological maltreatment: Theory, research, and ethical issues in psychology. In M.R. Brassard, R. German, S. & N. Hart (Eds.), Psychological maltreatment of children and youth (pp. 243-253). Elmsford, NY: Pergamon Press.

Rubenstein, J. L., Heeren, T., Housman, D., Rubin, C., & Stechler, G. (1989). Suicidal behavior in "normal" adolescents: Risk and protective factors. American Journal of Orthopsychiatry, 59(1), 59-71.

Ruchkin, V. V., Eisemann, M., & Hagglof, B. (1999). Coping styles in delinquent adolescents and controls: The role of personality and parental rearing. Journal of Youth and Adolescence, 28(6), 705-717.

Rutter, M. (1979). Protective factors in children's responses to stress and disadvantage. In M. W. Kent, & J. E. Rolf (Eds.), Primary prevention of psychopathology (pp. 49-74). Hanover, New Hampshire: University Press of New England.

Rutter, M. (1987). Psychosocial resilience and protective mechanisms. American Journal of Orthopsychiatry, 57, 316-331.

Rutter, M. (1990). Psychosocial resilience and protective mechanisms. In J. Rolf, J. Masten, D. Cicchetti, K. Nuechterlein, S. Weintraub (Eds.), Risk and Protective Factors in the Development of Psychopathology (pp. 181-215). NY: Cambridge University Press.

Rutter, M., Cox, A., Tupling, C., Berger, M., & Yule, W. (1975). Attainment and adjustment in two geographical areas I - The prevalence of psychiatric disorder. British Journal of Psychiatry, 126, 439-509.

Rutter, M., & Quinton, D. (1984). Long-term follow-up of women institutionalized in childhood: Factors promoting good functioning in adult life. British Journal of Developmental Psychology, 2, 191-204.

Sandler, I. N., & Lakey, B. (1982). Locus of control as a stress moderator: The role of control perceptions and social supports. American Journal of Community Psychology, 10(1), 65-80.

Sandler, I. N., Tein, J., & West, S. G. (1994). Coping, stress, and the psychological symptoms of children of divorce: A cross-sectional and longitudinal study. Child Development, 65, 1744-1763.

Solomon, C.R., & Serres, F. (1999). Effects of parental verbal aggression on children's self-esteem and school marks. Child Abuse & Neglect, 23(4), 339-351.

Straus, M. A. (1979). Measuring intrafamily conflict and violence: The conflict tactics (CT) scales. Journal of Marriage and the Family, 41, 76-88.

Straus, M. A., & Hamby, S.L (1997). Measuring physical and psychological maltreatment of children with the conflict tactics scales. In G. K. Kantor, & J. L. Jasinski (Eds.), Out of the darkness (pp. 119-135). Thousand Oaks, CA: Sage Publications.

Thompson, A. E., & Kaplan, C. A. (1996). Childhood emotional abuse. British Journal

of Psychiatry, 168, 143-148.

Vissing, Y. M., & Baily, W. (1996). Parent-to-child verbal aggression. In D. D. Cahn, & S. A. Lioya (Eds.), Family violence from a communication perspective (pp. 85-107). Thousand Oaks, CA: Sage Publications Inc.

Vissing, Y. M., Straus, M. A., Gelles, R. J., & Harrop, J. W. (1991). Verbal aggression by parents and psychosocial problems of children. Child Abuse & Neglect, 15, 223-238.

Werner, E. E., (1984). Resilient children. Young Children, 38, 68-72.

Werner, E. E., (1990). Protective factors and individual resilience. In S. Meisels, & J. Shonkoff (Eds.), Handbook of early childhood intervention (pp. 97-116). New York: Cambridge University Press.

Werner, E. E., & Smith, R. S. (1982). Vulnerable but invisible: A study of resistant children. NY: McGraw-Hill.

Wills, T. A. (1986). Stress and coping in early adolescence: Relationships to substance use in urban school samples. Health Psychology, 5(6), 503-529.

Wind, T. W., & Silvern, L. (1994). Parenting and family stress as mediators of the long-term effects of child abuse. Child Abuse & Neglect, 18(5), 439-453.

Wolfe, D. A., & McGee, R. (1994). Dimensions of child maltreatment and their relationship to adolescent adjustment. Development and Psychopathology, 6, 165-181.

Wyman, P. A., Cowen, E. L., Work, W. C., Raoof, A., Gribble, P. A., Parker, G. R., & Wannon, M. (1992). Interviews with children who experienced major life stress: Family and child attributes that predict resilient outcomes. Journal of the American Academy of Child and Adolescent Psychiatry, 31(5), 904-910.

Table 1

Number of Subjects Experiencing Each Verbal Aggression Form (N=233)

Verbal Aggression	Frequency		
	Never	1-10 times	>10 times
	n (%)	n (%)	n (%)
Yelling			
Mother	4 (1.7)	129(59.8)	90(38.6)
Father	22 (9.4)	149(63.9)	62(26.6)
Insulting			
Mother	110(47.2)	109(46.8)	14 (6.0)
Father	127(54.5)	88(37.8)	18 (7.3)
Criticizing			
Mother	62(26.6)	134(57.5)	37(15.8)
Father	85(36.5)	115(49.4)	33(14.2)
Making you feel guilty			
Mother	53(22.7)	143(61.4)	37(15.9)
Father	89(38.2)	125(53.6)	19 (8.1)
Ridiculing			
Mother	158(67.8)	66(28.3)	9 (3.8)
Father	163(70.0)	60(25.8)	10 (4.2)
Embarrassing			
Mother	112(48.1)	104(44.6)	17 (7.3)
Father	128(54.9)	95(40.8)	10 (4.3)
Making you feel you are bad			
Mother	147(63.1)	71(30.5)	15 (6.4)
Father	163(70.0)	65(27.9)	5 (2.1)

Table 2
Mean of Each Verbal Aggression Form (N=233)

Verbal Aggression	Mother		Father	
	M	SD	M	SD
Yelling or screaming	4.02	1.53	3.23	1.84
Insult	1.31	1.63	1.18	1.71
Criticize	2.28	1.98	1.88	1.95
Make you feel guilty	2.48	1.93	1.73	1.80
Ridicule	.79	1.44	.74	1.43
Embarrass you in front of others	1.35	1.71	1.04	1.52
Making you feel that you are a bad person	1.01	1.68	.62	1.21

Note. 0=Never, 1=Once, 2=Twice, 3=3-5 times, 4=6-10 times, 5=11-20 times, 6=more than 20 times.

Table 3

Correlations between Verbal Aggression Levels and Adjustment Outcomes^a

Variables (N=197)	1	2	3	4	5
1. Verbal Aggression	-	.22**	.16**	.21**	.20**
2. Depression	.22**	-	.61**	.31**	.55**
3. Self-Esteem	.16**	.61**	-	.29**	.16**
4. Aggression	.21**	.31**	.29**	-	.42**
5. Interpersonal Sensitivity	.20**	.55**	.52**	.42**	-

Note. **p<.01. ^a Higher scores indicate higher maladjustment.

Table 4

Differences in Adjustment Outcomes^a between High and Low Verbal Aggression Groups

Adjustment outcomes	Verbal Aggression				
	High (N=98)		Low (N=99)		p
	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>	
Depression	9.92	7.25	7.03	5.40	.001**
Self-Esteem	17.96	5.30	16.27	5.20	.013*
Aggression	34.58	9.50	31.66	9.40	.016*
Interpersonal Sensitivity	20.54	9.17	16.14	8.45	.000**

Note. **p<.01, *p<.05. ^a Higher scores indicate higher maladjustment.

Table 5

Correlations between Adjustment Outcomes^a and Protective Factors (N=197)

Protective Factors	Depression	Self-Esteem	Aggression	Interpersonal Sensitivity
Maternal Bonding	-.26**	-.25**	-.15**	-.18**
Paternal Bonding	-.15**	-.08	-.17**	-.07
Family Cohesion	-.33**	-.31**	-.23**	-.35**
Coping Skills	-.16**	-.10	-.18**	-.09

Note. **p<.01, *p<.05. ^a Higher scores indicate higher maladjustment.

Table 6

Regression Analyses of Adjustment Outcomes^a on Verbal Aggression Frequency and Protective Factors (N=197)

Predictor Variables	Depression		Self-Esteem		Aggression		Interpersonal Sensitivity	
	ΔR^2	β	ΔR^2	β	ΔR^2	β	ΔR^2	β
Step 1	.044**		.020*		.039**		.035**	
Verbal Aggression		.22**		.16*		.21**		.20**
Step 2	.120**		.095**		.085**		.127**	
Verbal Aggression		.15*		.08		.17*		.12
Maternal Bonding								
Paternal Bonding								
Family Cohesion		-.29**		-.29**		-.17*		-.32**
Coping Skills						-.16*		

Note. **p<.01, *p<.05. ^a Higher scores indicate higher maladjustment.

Table 7

Intercorrelations among Protective Factors (N=197)

Protective Factors	1	2	3	4
1. Maternal Bonding	--	.39**	.56**	-.04
2. Paternal Bonding		--	.37**	.15*
3. Family Cohesion			--	.10
4. Coping Skills				--

Note. **p<.01, *p<.05.

Table 8

Mean of High/Low Protective Factor Groups

Protective Factor	High (N=116)		Low (N=117)	
	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>
Maternal Bonding	47.06	1.00	40.10	5.02
Paternal Bonding	45.50	1.75	34.34	8.64
Family Cohesion	68.47	4.20	53.98	7.25
Coping Skills	30.36	1.57	24.38	3.48

Note. **p<.01, *p<.05. ^a Higher scores indicate higher maladjustment.

Table 9

Analysis of Variance of Depression by Levels of Verbal Aggression and Protective Factors (N=193)

Source	df	<u>F</u>			
		Depression	Self-Esteem	Aggression	Interpersonal Sensitivity
Verbal Aggression	1	8.01**	3.95*	4.13*	10.84**
Maternal Bonding	1	4.17*	2.42	.83	.98
Interaction	1	.94	1.85	4.53*	.74
Error	193				
Verbal Aggression	1	6.29**	3.58**	3.23	8.64**
Paternal Bonding	1	6.75*	1.65	1.97	4.06*
Interaction	1	.66	.95	2.19	1.13
Error	193				
Verbal Aggression	1	4.97*	1.86	1.99	5.97*
Family Cohesion	1	16.21**	12.04**	9.89**	22.57**
Interaction	1	.46	.14	.84	.07
Error	193				
Verbal Aggression	1	9.72**	4.83*	4.46*	11.92**
Coping Skills	1	7.59**	3.43	3.72	2.10
Interaction	1	.01	.98	.43	.67
Error	193				

Note. **p<.01, *p<.05.

Table 10
Gender Differences in Adjustment Outcomes^a

Adjustment Outcomes	Gender				p
	Male (n=51)		Female(n=146)		
	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>	
Depression	7.33	5.52	8.86	6.83	.076
Self-Esteem	16.20	5.19	17.43	5.32	.077
Aggression	38.39	10.59	31.27	8.44	.000**
Interpersonal Sensitivity	17.16	8.97	18.74	9.10	.142

Note. **p<.01. ^a Higher scores indicate higher maladjustment.

Table 11
Correlations between Verbal Aggression Levels and Adjustment Outcomes^a in the Female Sample

Variables (N=146)	1	2	3	4	5
1. Verbal Aggression	-	.27**	.27**	.27**	.24**
2. Depression	.27**	-	.65**	.34**	.58**
3. Self-Esteem	.27**	.65**	-	.29**	.46**
4. Aggression	.27**	.37**	.29**	-	.46**
5. Interpersonal Sensitivity	.24**	.58**	.46**	.46**	-

Note. **p<.01. ^a Higher scores indicate higher maladjustment.

Table 12
Differences in Adjustment Outcomes^a between High vs. Low Verbal Aggression in the Female Sample

Adjustment outcomes	Verbal Aggression				
	High (N=72)		Low (N=74)		p
	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>	
Depression	10.63	7.25	7.15	5.58	.001**
Self-esteem	18.67	5.16	16.23	5.23	.003**
Aggression	33.51	9.26	29.08	6.94	.000**
Interpersonal sensitivity	21.44	9.29	16.10	8.13	.000**

Note. **p<.01, *p<.05. ^a Higher scores indicate higher maladjustment.

Table 13
Correlations between Outcomes^a and Protective Factors for Each Gender

Protective Factors	Outcomes			
	Depression	Self-Esteem	Aggression	Interpersonal Sensitivity
Male (N=51)				
Maternal Bonding	-.15	-.12	-.02	-.07
Paternal Bonding	-.23	-.11	-.37**	-.06
Family Cohesion	-.13	-.21	-.25	-.40**
Coping Skills	-.42**	-.23	-.28*	-.15
Female (N=146)				
Maternal Bonding	-.28**	-.29**	-.23**	-.21*
Paternal Bonding	-.13	-.06	-.11	-.06
Family Cohesion	-.41**	-.37**	-.18*	-.35**
Coping Skills	-.10	-.07	-.11	-.08

Note. **p<.01, *p<.05. ^a Higher scores indicate higher maladjustment.

Table 14

Regression Analyses of Adjustment Outcomes^a on Verbal Aggression Frequency and Protective Factors in the Male Sample (N=51)

Predictor Variables	Depression		Self-Esteem		Aggression		Interpersonal Sensitivity	
	ΔR^2	β	ΔR^2	β	ΔR^2	β	ΔR^2	β
Step 1	.006		.020		.020		.01	
Verbal Aggression		.12		-.01		.02		.10
Step 2	.142*				.103*		.126*	
Verbal Aggression		.03				.00		.01
Maternal Bonding								
Paternal Bonding						-.37**		
Family Cohesion								-.40**
Coping Skills		-.41**						

Note. **p<.01, *p<.05. ^a Higher scores indicate higher maladjustment.

Table 15

Regression Analyses of Adjustment Outcomes^a on Verbal Aggression Frequency and Protective Factors in the Female Sample

Predictor Variables	Depression		Self-Esteem		Aggression		Interpersonal Sensitivity	
	ΔR^2	β	ΔR^2	β	ΔR^2	β	ΔR^2	β
Step 1	.064**		.045**		.067**		.053**	
Verbal Aggression		.27**		.23**		.27**		.24**
Step 2	.186**		.142**				.134**	
Verbal Aggression		.17*		.14				.17*
Maternal Bonding								
Paternal Bonding								
Family Cohesion		-.37**		-.33**				-.30**
Coping Skills								

Note. **p<.01, *p<.05. ^a Higher scores indicate higher maladjustment

Table 16
Intercorrelations among Protective Factors for Each Gender

Protective Factors	1	2	3	4
Male (<u>N</u> =51)				
1.Maternal Bonding	--	.59**	.50**	.21
2.Paternal Bonding		--	.43**	.34*
3.Family Cohesion			--	.18
4.Coping Skills				--
Female (<u>N</u> =146)				
1.Maternal Bonding	--	.32**	.59**	-.11
2.Paternal Bonding		--	.35**	.09
3.Family Cohesion			--	.06
4.Coping Skills				--

Note. **p<.01, *p<.05.

APPENDIX A
CONSENT FORM

The purpose of this study is to investigate the relationship between familial factors and current adjustment. This research requires you to fill out a biographical data sheet and some standardized questionnaires. The questionnaires will take appropriately 40 minutes to complete.

All information collected in this study will be kept anonymous and confidential. Other than signing this form, do not put your name on any of the materials you complete in the study. I am only interested in the group's responses as a whole. Your involvement in this research is voluntary. You have the right to withdraw from this project at any time without penalty.

If you have questions or concerns, or would like more information about our research, please contact Yuria Morimoto, clinical psychology graduate student, by e-mail at yuri07m@hotmail.com or Dr. Anu Sharma, Psychology Department, at (217) 581-6089.

If you agree to participate, please sign below:

Signature

Date

APPENDIX B

DEBRIEFING STATEMENT

Thank you for your participation in this research project. The purpose of this study is to examine protective factors that moderate the impact of parental verbal aggression in childhood. Verbal aggression is one form of psychological maltreatment and may be the most common type of child maltreatment. Severe and frequent verbal aggression has been found to result in emotional and behavioral problems, including low self-esteem, depression, aggression, and interpersonal sensitivity, in adulthood. However, there is evidence that some children with psychological maltreatment display good outcomes. It appears that there are some factors that moderate the relationship between verbal aggression and negative outcomes. Researchers suggest that undesirable behaviors are not predicted by only abuse itself but some other variables, such as individual, familial, and social factors. Although researchers have consistently identified protective factors of negative life events or physical maltreatment, protective factors of verbal aggression or psychological maltreatment have been rarely studied. In this study, coping skills, family cohesion and adaptability, and having an emotional bond to at least one parent are considered to be possible protective factors. This is the basis for the research project in which you have just participated.

If you have any questions, please feel free to contact Yuria Morimoto by e-mail at yuri07m@hotmail.com or Dr. Sharma at (217) 581-6089.

If you would like more information about this topic, the following resources may be helpful:

- (1) Book chapter: Vissing, Y. M., & Baily, W. (1996). Parent-to-child verbal aggression. In D. D. Cahn, & S. A. Lioya (Eds.) Family violence from a communication perspective (pp.85-107).
- (2) EIU Counseling Center: 581-3413
- (3) A web-site, National Clearinghouse on Child Abuse and Neglect: www.calib.com/nccanch/

Appendix C

Demographic Data Sheet

Instructions: Please answer the following questions as honestly as possible. This survey is completely anonymous; do not write your name on it. Please read the instructions for each scale before you respond to the scale, try to answer all the questions, and keep moving forward without going back to previous questionnaires to change any of your answers. Thank you for your participation in this research.

Please fill out the following background information.

1. Age : _____

2. Gender: Male _____ Female _____

3. Ethnicity:

Caucasian African American Native American Latin American
Other

4. College Level:

Freshman _____ Sophomore _____ Junior _____ Senior _____ Graduate Student _____

Other (please specify): _____

5. Number of siblings in the family: _____

6. Family Structure in childhood:

Intact/Parents Married

Never Married

Parents Separated

Parents Divorced/Not remarried

Parents Remarried

Are you adopted? Yes No

7. What is your parents' annual income?

(1) _____ Under \$30,000

(2) _____ \$30,000 - \$60,000

(3) _____ \$60,000 - \$90,000

(4) _____ More than \$90,000

Appendix D1
Conflict Tactics Scale
(PSY-1)

A) Please answer the following questions as honestly as you can. Answer for your mother or stepmother or foster mother, and your father or stepfather or foster father. **When you were living at home**, did either of your parents **ever**:

- | | | | |
|--|--------|----------|---------|
| 1. Kicked, bit, or hit you with a fist? | Mother | Yes_____ | No_____ |
| | Father | Yes_____ | No_____ |
| 2. Hit or tried to hit you with something hard (belt, hairbrush, stick)? | Mother | Yes_____ | No_____ |
| | Father | Yes_____ | No_____ |
| 3. Beat you up? | Mother | Yes_____ | No_____ |
| | Father | Yes_____ | No_____ |
| 4. Burned or scalded you? | Mother | Yes_____ | No_____ |
| | Father | Yes_____ | No_____ |
| 5. Threatened you with a knife or gun? | Mother | Yes_____ | No_____ |
| | Father | Yes_____ | No_____ |
| 6. Used a knife or fired a gun? | Mother | Yes_____ | No_____ |
| | Father | Yes_____ | No_____ |

Appendix D2

Psychological Maltreatment Scale (PSY-2)

B) Verbal arguments and punishment can range from quiet disagreement to yelling, insulting, and more severe behaviors. **When you were living at home**, how often did the following happen to you **in the average year**? Answer for your mother or stepmother or foster mother, and your father or stepfather or foster father using the following code;

0= Never 1= Once 2= Twice 3= 3-5 Times
4= 6-10 Times 5= 11-20 Times 6= More than 20 times

		Never	Once	Twice	3-5	6-10	11- 20	>20
1. Yell at you	Mother	0	1	2	3	4	5	6
	Father	0	1	2	3	4	5	6
2. Insult you	Mother	0	1	2	3	4	5	6
	Father	0	1	2	3	4	5	6
3. Criticize you	Mother	0	1	2	3	4	5	6
	Father	0	1	2	3	4	5	6
4. Try to make you feel guilty	Mother	0	1	2	3	4	5	6
	Father	0	1	2	3	4	5	6
5. Ridicule or humiliate you	Mother	0	1	2	3	4	5	6
	Father	0	1	2	3	4	5	6
6. Embarrass you in front of others	Mother	0	1	2	3	4	5	6
	Father	0	1	2	3	4	5	6
7. Make you feel like you are a bad person	Mother	0	1	2	3	4	5	6
	Father	0	1	2	3	4	5	6
		Never	Once	Twice	3-5	6-10	11- 20	>20

Appendix D3

Parental Bonding Inventory

This questionnaire lists various attitudes and behaviors of parents. As you remember your Mother/Father **in your first 16 years**, please **answer all** questions, using the following scale.

1=Very Like 2= Moderately Like 3= Moderately Unlike 4= Very Unlike

- | | | |
|--|---------------|---------------|
| 1. Spoke to me with a warm and friendly voice. | Mother: _____ | Father: _____ |
| 2. Did not help me as much as I needed. | Mother: _____ | Father: _____ |
| 3. Seemed emotionally cold to me. | Mother: _____ | Father: _____ |
| 4. Appeared to understand my problems and worries. | Mother: _____ | Father: _____ |
| 5. Was affectionate to me. | Mother: _____ | Father: _____ |
| 6. Enjoyed talking things over with me | Mother: _____ | Father: _____ |
| 7. Frequently smiled at me | Mother: _____ | Father: _____ |
| 8. Did not seem to understand what I needed | Mother: _____ | Father: _____ |
| 9. Made me feel I wasn't wanted. | Mother: _____ | Father: _____ |
| 10. Could make me feel better when I was upset. | Mother: _____ | Father: _____ |
| 11. Did not talk with me very much. | Mother: _____ | Father: _____ |
| 12. Did not praise me. | Mother: _____ | Father: _____ |

Appendix D4

Family Adaptability and Cohesion Scale II

Introductions: Please answer all questions, using the following scale.

1= Almost Never 2= Once In A While 3= Sometimes 4= Frequently 5= Almost Always

Q: How would describe your family in childhood?

- ____ 1. Family members are supportive of each other during difficult times.
- ____ 2. It is easier to discuss problems with people outside the family than with other family members.
- ____ 3. Our family gathers together in the same room.
- ____ 4. Our family does things together.
- ____ 5. In our family, everyone goes his/her own way.
- ____ 6. Family members know each other's close friends.
- ____ 7. Family members consult other family members on their decisions.
- ____ 8. We have difficulty thinking of things to do as a family.
- ____ 9. Family members feel very close to each other.
- ____ 10. Family members feel closer to people outside the family than to other family members.
- ____ 11. Family members go along with what the family decides to do.
- ____ 12. Family members like to spend their free time with each other.
- ____ 13. Family members avoid each other at home.
- ____ 14. We approve of each other's friends.
- ____ 15. Family members pair up rather than do things as a total family.
- ____ 16. Family members share interests and hobbies with each other.

Appendix D5

Coping Strategy Indicator

We are interested in how people cope with the problems and troubles in their lives.

Listed below are several possible ways of coping. We would like you to indicate to what extent you, yourself, used each of these coping methods. All of your responses will remain anonymous.

Try to think of one problem you have encountered in the last six months or so. This should be a problem that was important to you, and that caused you to worry (anything from the loss of a loved one to a traffic citation, but one that was important to you).

Please describe this problem in a few words (remember, your answer will be kept anonymous):

Keeping that stressful event in mind, indicate to what extent you.....

	A lot	A little	Not at all
1. Rearranged things around you so that your problem had the be chance of being solved ?	<u>3</u>	<u>2</u>	<u>1</u>
2. Brainstromed all possible solutions before deciding what to do?	<u>3</u>	<u>2</u>	<u>1</u>
3. Set some goals for yourself to deal with the situation?	<u>3</u>	<u>2</u>	<u>1</u>
4. Weighed your options very carefully?	<u>3</u>	<u>2</u>	<u>1</u>
5. Tried different way to solve the problem until you found one that worked?	<u>3</u>	<u>2</u>	<u>1</u>
6. Thought about what needed to be done to straighten things out ?	<u>3</u>	<u>2</u>	<u>1</u>
7. Turned your full attention to solv;ing the problem?	<u>3</u>	<u>2</u>	<u>1</u>
8. Formed a plan of action in your mind?	<u>3</u>	<u>2</u>	<u>1</u>
9. Stood firm and fought for what you wanted in the situation?	<u>3</u>	<u>2</u>	<u>1</u>
10. Tried to solve the problem?	<u>3</u>	<u>2</u>	<u>1</u>
11. Tried to carefully plan a course of action rather than acting on impulse?	<u>3</u>	<u>2</u>	<u>1</u>
	A lot	A little	Not at all

Appendix D6

Beck Depression Inventory

This Questionnaire consists of 21 groups of statements. After reading each group of statements carefully, circle the number (0, 1, 2, or 3) next to the one statement in each group which **best** describes the way you have been feeling **the past week, including today**. **Be sure to read all the statements** in each group before making your choices.

1.

- 0 I do not feel sad.
- 1 I feel sad.
- 2 I am sad all the time and I can't snap out of it.
- 3 I am so sad or unhappy that I can't stand it.

2.

- 0 I am not particularly discouraged about the future.
- 1 I feel discouraged about the future.
- 2 I feel I have nothing to look forward to.
- 3 I feel that the future is hopeless and that things cannot improve.

3.

- 0 I do not like a failure.
- 1 I feel I have failed more than the average person.
- 2 As I look back on my life, all I can see is a lot of failures.
- 3 I feel I am a complete failure as a person.

4.

- 0 I get as much satisfaction out of things as I used to.
- 1 I don't enjoy things the way I used to.
- 2 I don't get real satisfaction out of anything anymore.
- 3 I am dissatisfied or bored with everything.

5.

- 0 I don't feel particularly guilty.
- 1 I feel guilty a good part of the time.
- 2 I feel quite guilty most of the time.
- 3 I feel guilty all of the time.

6.

- 0 I don't feel I am being punished.
- 1 I feel I may be punished.
- 2 I expect to be punished.
- 3 I feel I am being punished.

- 7.
- 0 I don't feel disappointed in myself.
 - 1 I am disappointed in myself.
 - 2 I am disgusted with myself.
 - 3 I hate myself.
- 8.
- 0 I don't feel I am any worse than anybody else.
 - 1 I am critical of myself for my weaknesses or mistakes.
 - 2 I blame myself all the time for my faults.
 - 3 I blame myself for everything bad that happens.
- 9.
- 0 I don't have any thoughts of killing myself.
 - 1 I have thoughts of killing myself, but I would not carry them out.
 - 2 I would like to kill my self.
 - 3 I would kill myself if I had the chance.
- 10.
- 0 I don't cry any more than usual.
 - 1 I cry more now than I used to.
 - 2 I cry all the time now.
 - 3 I used to be able to cry, but now I can't cry even though I want to.
- 11.
- 0 I am no more irritated now than I ever am.
 - 1 I get annoyed or irritated more easily than I used to.
 - 2 I feel irritated all the time now.
 - 3 I don't get irritated at all by the things that used to irritate me.
- 12.
- 0 I have not lost interest in other people.
 - 1 I am less interested in other people than I used to.
 - 2 I have lost most of my interest in other people.
 - 3 I have lost all of my interest in other people.
- 13.
- 0 I make decisions about as well as I ever could.
 - 1 I put off making decisions more than I used to.
 - 2 I have greater difficulty in making decisions than before.
 - 3 I can't make decisions at all anymore.
- 14.
- 0 I don't feel I look any worse than I used to.
 - 1 I am worried that I am looking old or unattractive.
 - 2 I feel that there are permanent changes in my appearance that make me look unattractive,
 - 3 I believe that I look ugly.

15.

- 0 I can work about as well as before.
- 1 It takes an extra effort to get started at doing something.
- 2 I have to push myself very hard to do anything.
- 3 I can't do any work at all.

16.

- 0 I can sleep as well as usual.
- 1 I don't sleep as well as I used to.
- 2 I wake up 1-2 hours earlier than usual and find it hard to get back to sleep
- 3 I wake up several hours earlier than I used to and cannot get back to sleep.

17.

- 0 I don't get more tired than usual.
- 1 I get tired more easily than I used to.
- 2 I get tired from doing almost anything.
- 3 I am too tired to do anything.

18.

- 0 My appetite is no worse than usual.
- 1 My appetite is not as good as it used to be.
- 2 My appetite is much worse now.
- 3 I have no appetite at all anymore.

19.

- 0 I haven't lost much weight, if any, lately.
- 1 I have lost more than 5 pounds.
- 2 I have lost more than 10 pounds.
- 3 I have lost more than 15 pounds.

20.

- 0 I am no more worried about my health than usual.
- 1 I am worried about physical problems such as aches and pains; or upset stomach; or constipation.
- 2 I am very worried about physical problems and it's hard to think of much else.
- 3 I am so worried about my physical problems that I cannot think about anything else.

21.

- 0 I have not noticed any recent change in my interest in sex.
- 1 I am less interested in sex than I used to be.
- 2 I am much less interested in sex now.
- 3 I have lost interest in sex completely.

Appendix D7

Rosenberg Self-Esteem Scale

Please indicate the extent of your agreement or disagreement with each of the statements below, using the following scale:

- 1 = Strongly Agree**
- 2 = Agree**
- 3 = Disagree**
- 4 = Strongly Disagree**

- ____ 1. I feel that I am a person of worth, at least on an equal basis with others.
- ____ 2. I feel that I have a number of good qualities.
- ____ 3. All in all, I am inclined to feel that I am a failure
- ____ 4. I am able to do things as well as most people.
- ____ 5. I feel that I do not have much to be proud of.
- ____ 6. I take a positive attitude toward myself.
- ____ 7. On the whole, I am satisfied with myself.
- ____ 8. I wish I could have more respect for myself.
- ____ 9. I certainly feel useless at times.
- ____ 10. At times I think I am no good at all.

Appendix D8

Aggression Questionnaire

	Extremely Uncharacteristic of me	1	2	3	4	Extremely Characteristic of me
1. Once in a while I can't control the urge to strike another person.		1	2	3	4	5
2. Give enough provocation, I may hit another person.		1	2	3	4	5
3. If somebody hits me, I hit back.		1	2	3	4	5
4. I get into fights a little more than the average person.		1	2	3	4	5
5. If I have to resort to violence to protect my rights, I will.		1	2	3	4	5
6. There are people who pushed me so far that we came to blows.		1	2	3	4	5
7. I can think of no good reason for ever hitting a person.		1	2	3	4	5
8. I have threatened people I know.		1	2	3	4	5
9. I have become so mad that I have broken things.		1	2	3	4	5
10. I flare up quickly but get over it quickly.		1	2	3	4	5
11. When frustrated, I let my irritation show.		1	2	3	4	5
12. I sometimes feel like a powder keg ready to explode.		1	2	3	4	5
13. I am an even-tempered person.		1	2	3	4	5
14. Some of my friends think I'm hothead.		1	2	3	4	5
15. Sometimes I fly off the handle for no good reason.		1	2	3	4	5
16. I have trouble controlling my temper.		1	2	3	4	5
	Extremely Uncharacteristic of me					Extremely Characteristic of me

Appendix D9

Inventory of Interpersonal Problems

Here is a list of problems that people report in relating to other people. Please read the list below, and for each item, consider whether that problem has been a problem for you with respect to any significant person in your life. Then select the number that describes how distressing that problem has been, and circle that number.

	Not at all	A little bit	Moder- ately	Quite a bit	Ex- tremely
1. It is hard for me to trust other people.	0	1	2	3	4
2. It is hard for me to ignore criticism from other people.	0	1	2	3	4
3. It is hard for me to feel like a separate person when I am in a relationship.	0	1	2	3	4
4. It is hard for me to get over the feeling of loss after a relationship has ended.	0	1	2	3	4
5. I am too sensitive to criticism.	0	1	2	3	4
6. I am too sensitive to rejection.	0	1	2	3	4
7. I feel attacked by other people too much.	0	1	2	3	4
8. I tell personal things to other people too much.	0	1	2	3	4
9. I am too easily bothered by other people making demands of me.	0	1	2	3	4
10. I am too envious and jealous of other people.	0	1	2	3	4
11. I feel too anxious when I am involved with another person.	0	1	2	3	4
	Not at all	A little bit	Moder- ately	Quite a bit	Ex- tremely